Fill in t	his information to identify the c	case:				
Debtor N	lame Sameh H. Aknouk, De	ental Services, P.C.				
11-11-10		hara Diatriot of New York				
		nem district of New York		☐ Check if	thic ic	an.
Case nu	mber: 22-11651	-		amende		
Offic	eial Form 425C					
Mon	thly Operating Re	port for Small Busines	s Under Chapter 11			12/17
Month:	June 2023		Date report filed:	MM / DD / YY	~~	
Line of	business: Dental Practice	<u> </u>	NAISC code:	6212	_	
that I h	nave examined the following	g small business monthly operatir	ng report and the accompanying			
Respon	s ble party:	Dr. Sameh H. Aknouk, DDS, Pr	resident			
Original	signature of responsible party	5 / 1/	s/ Sameh H. Aknouk			
Printed	name of responsible party	Dr. Sameh H. Aknouk, DDS, Pr	resident			
An	de States Bankruptcy Court for the: Southern District of New York e number: 22-11651 Cificial Form 425C Conthily Operating Report for Small Business Under Chapter 11 Inth: June 2023 Date report filed: NAISC code: 621 Cocordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury to have examined the following small business monthly operating report and the accompanying tohernents and, to the best of my knowledge, these documents are true, correct, and complete. Dr. Sameh H. Aknouk, DDS, President 1. Questionnaire Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated. If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A. Did the business operate during the entire reporting period? Do you plan to continue to operate the business next month? Have you paid all of your bills on time? Did you pay your employees on time? Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? Have you timely filed all other required government filings? Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?					
	If you answer No to any o	of the questions in lines 1-9, attach	an explanation and label it Exhibit	Yes A.	No	N/A
1.	Did the business operate duri	ing the entire reporting period?		4		
2.	Do you plan to continue to op	perate the business next month?		☑		
3.	Have you paid all of your bills	on time?		₫		
4.	Did you pay your employees	on time?		∡		
5.	Have you deposited all the re-	ceipts for your business into debtor in p	possession (DIP) accounts?		A	
6.	Have you timely filed your tax	returns and paid all of your taxes?		4		
7.	Have you timely filed all other	r required government filings?		4		
8.	Are you current on your quart	terly fee payments to the U.S. Trustee	or Bankruptcy Administrator?	4		
9.	Have you timely paid all of yo	our insurance premiums?		☑		
	If you answer Yes to any	of the questions in lines 10-18, atta	ach an explanation and label it Exh	ibit B.		
10.	Do you have any bank account	nts open other than the DIP accounts?		Ø		
11.	Have you sold any assets oth	ner than inventory?			V	
12.	Have you sold or transferred a	any assets or provided services to any	one related to the DIP in any way?		V	
13.	Did any insurance company of	cancel your policy?	and the same of th		V	
				_	_	
	Did you have any unusual or	significant unanticipated expenses?			\mathbf{A}	
15		significant unanticipated expenses? om anyone or has anyone made any p	ayments on your behalf?		A	

tor Na	ame Sameh H. Aknouk, Dental Services, P.C. Case number 22-11651			
17.	Have you paid any bills you owed before you filed bankruptcy?		A	
18.	Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?		M	
	2. Summary of Cash Activity for All Accounts			
19.	Total opening balance of all accounts		14 440	
	This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.	\$_	14,440	1.00
20.	Total cash receipts			
	Attach a listing of all cash received for the month and label it <i>Exhibit C</i> . Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of <i>Exhibit C</i> .			
	Report the total from Exhibit C here. \$ 144,119.00			
21.	Total cash disbursements			
	Attach a listing of all payments you made in the month and label it <i>Exhibit D</i> . List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of <i>Exhibit D</i> . - \$ 132,871.00			
	Report the total from Exhibit D here.			
22.	Net cash flow			
	Subtract line 21 from line 20 and report the result here. This amount may be different from what you may have calculated as <i>net profit</i> .	+ \$_	11,248	.00
23.	Cash on hand at the end of the month			
	Add line 22 + line 19. Report the result here.			
	Report this figure as the cash on hand at the beginning of the month on your next operating report.	= \$1	25,689	.00
	This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.			
	3. Unpaid Bills			
	Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it <i>Exhibit E</i> . Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from <i>Exhibit E</i> here.			
24.	Total payables	\$_	0	.00

4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables

\$ 310,450.00

(Exhibit F)

	5.	Emp	loyees
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- 26. What was the number of employees when the case was filed?

 27. What is the number of employees are of the data of this monthly senset?
- 27. What is the number of employees as of the date of this monthly report?

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case?	\$_	0.00
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed?	\$_	0.00
30. How much have you paid this month in other professional fees?	\$_	1,000.00
31. How much have you paid in total other professional fees since filing the case?	\$_	0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	-	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ 105,890.00	**	\$ 144,119.00	=	\$38,229.00
33. Cash disbursements	\$ 120,375.00	-	\$ 132,871.00	=	\$ -12,496.00
34. Net cash flow	\$ <u>-14,485.00</u>	=	\$_11,248.00	=	\$25,733.00

35. Total projected cash receipts for the next month:

\$ 99,971.00

36. Total projected cash disbursements for the next month:

- \$ 89,281.00

37. Total projected net cash flow for the next month:

= \$ 10,690.00

8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- 39. Bank reconciliation reports for each account.
- 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- 41. Budget, projection, or forecast reports.
- 42. Project, job costing, or work-in-progress reports.

Exhibit A

5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?

We had a difficult time finding a bank to open the DIP account with. We have finally opened an account with Dime Bank. In the month of March, we began the transition to Dime Bank. There are still some items being deposited to the Chase account ending 9262, but we are working on making the changes over to Dime Bank.

Exhibit B

10. Do you have any bank accounts open other than the DIP accounts?

Yes – as described in Exhibit A, we have had difficulty setting up a DIP account. The transition is currently in progress. We are still using the Chase account ending 9262 along with Dime Bank.

Exhibit C: Total Cash Receipts

	Transaction	1					
Date	Type	Num Adj	Name	Memo/Description	Account	Split	Amount
06/01/2023	Deposit	No	ACH Credit - BKCD PROCESSING DI	POSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	900.00
06/01/2023	Deposit	No	Deposit - Deposit		Operating (*8553) - 3	Fee for Service Income	9,498.34
			ORIG CO NAME:HEALTHPLEX IPA (
				#:028000080642629 EED:220105 IND ID:			
06/01/2023	Deposit	No	IND NAME:SAMEH AKNOUK TRN: 0		,	Fee for Service Income	72.44
06/02/2023	Deposit	No	ACH Credit - BKCD PROCESSING DI	POSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	6,292.50
06/02/2023	Deposit	No	ACH Credit - BKCD PROCESSING DI	POSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	420.00
			ORIG CO NAME:DENTCARE ORIG I	:2112480692 DESC DATE: CO ENTRY			
			DESCR:DEBIT SEC:CCD TRACE	#:028000088618018 EED:220104 IND ID:			
06/02/2023	Deposit	No	IND NAME:SAMEH AKNOUK TRN: 0	48618018TC	PERFBUS CHK (9262) - 1	Fee for Service Income	3,076.25
06/02/2023	Deposit	No	REVERSAL -Online Payment 172303	4743 To L&M Window Cleaning, INC.	PERFBUS CHK (9262) - 1	Office Cleaning	37.02
06/05/2023	Deposit	No	ACH Credit - SYNCHRONY BANK MT	OT DEP 534812028504524	Operating (*8553) - 3	Miscellaneous Income	5,957.00
			ORIG CO NAME:HEALTHPLEX IPA (RIG ID:6113554436 DESC DATE: CO ENTRY			
			DESCR:DEBIT SEC:CCD TRACE	#:028000080642629 EED:220105 IND ID:			
06/05/2023	Deposit	No	IND NAME:SAMEH AKNOUK TRN: 0	50642629TC	PERFBUS CHK (9262) - 1	Fee for Service Income	60.20
			ORIG CO NAME:HEALTHPLEX IPA (RIG ID:6113554436 DESC DATE: CO ENTRY			
			DESCR:DEBIT SEC:CCD TRACE	#:028000080642629 EED:220105 IND ID:			
06/05/2023	Deposit	No	IND NAME:SAMEH AKNOUK TRN: 00	50642629TC	PERFBUS CHK (9262) - 1	Fee for Service Income	18.25
06/07/2023	Deposit	No	ACH Credit - BKCD PROCESSING DI	POSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	2,455.00
06/07/2023	Deposit	No	ACH Credit - TAB Bank/Sunbit SUNBI	Г0 4 03 21788	Operating (*8553) - 3	Miscellaneous Income	323.00
06/08/2023	Transfer	No	Internal Transfer - Transfer from CK 8	53	Debtor In Poss (*8555) - 3	Operating (*8553) - 3	15,000.00
06/08/2023	Deposit	No	ACH Credit - BKCD PROCESSING DI	POSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	425.00
06/08/2023	Deposit	No	ACH Credit - TAB Bank/Sunbit SUNBI	Г0403 21788	Operating (*8553) - 3	Miscellaneous Income	1,870.00
06/09/2023	Deposit	No	ACH Credit - BKCD PROCESSING DI	POSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	3,333.00
06/09/2023	Deposit	No	ACH Credit - SYNCHRONY BANK MT	OT DEP 534812028504524	Operating (*8553) - 3	Miscellaneous Income	405.45
			ORIG CO NAME:HEALTHPLEX IPA (RIG ID:6113554436 DESC DATE: CO ENTRY			
			DESCR:DEBIT SEC:CCD TRACE	#:028000080642629 EED:220105 IND ID:			
06/09/2023	Deposit	No	IND NAME:SAMEH AKNOUK TRN: 0	50642629TC	PERFBUS CHK (9262) - 1	Fee for Service Income	18.25
			ORIG CO NAME:DENTCARE ORIG I	:2112480692 DESC DATE: CO ENTRY			
			DESCR:DEBIT SEC:CCD TRACE	#:028000088618018 EED:220104 IND ID:			
06/09/2023	Deposit	No	IND NAME:SAMEH AKNOUK TRN: 0	48618018TC	PERFBUS CHK (9262) - 1	Fee for Service Income	400.00
06/12/2023	Deposit	No	ACH Credit - BKCD PROCESSING DI	POSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	5,594.16
06/12/2023	Deposit	No	Deposit - Deposit		Operating (*8553) - 3	Fee for Service Income	9,949.58
06/12/2023	Deposit	No	ACH Credit - SYNCHRONY BANK MT	OT DEP 534812028504524	Operating (*8553) - 3	Miscellaneous Income	2,042.40
06/12/2023	Deposit	No	ACH Credit - SYNCHRONY BANK MT	OT DEP 534812028504524	Operating (*8553) - 3	Miscellaneous Income	1,276.50
06/12/2023	Deposit	No	ACH Credit - TAB Bank/Sunbit SUNBI	「0403 21788	Operating (*8553) - 3	Miscellaneous Income	1,365.15
			ORIG CO NAME:HEALTHPLEX IPA (RIG ID:6113554436 DESC DATE: CO ENTRY			
			DESCR:DEBIT SEC:CCD TRACE	#:028000080642629 EED:220105 IND ID:			
06/12/2023	Deposit	No	IND NAME:SAMEH AKNOUK TRN: 0	50642629TC	PERFBUS CHK (9262) - 1	Fee for Service Income	1,175.83
			ORIG CO NAME:HEALTHPLEX IPA (RIG ID:6113554436 DESC DATE: CO ENTRY			
				#:028000080642629 EED:220105 IND ID:			
06/12/2023	Deposit	No	IND NAME:SAMEH AKNOUK TRN: 0		PERFBUS CHK (9262) - 1	Fee for Service Income	80.87
			ORIG CO NAME:DENTCARE ORIG I				
				#:028000088618018 EED:220104 IND ID:			
06/13/2023	Deposit	No	IND NAME:SAMEH AKNOUK TRN: 0			Fee for Service Income	324.00
06/14/2023	Deposit	No	ACH Credit - BKCD PROCESSING DI		Operating (*8553) - 3	Credit Card Income	3,106.00
				RCHASE RETURN NYCDOT PARKNYC LONG ISLAND C			
06/14/2023	Deposit	No	NY 09860586 224033		Operating (*8553) - 3	Travel Expense	0.75
06/14/2023	Deposit	No	ACH Credit - TAB Bank/Sunbit SUNBI		Operating (*8553) - 3	Miscellaneous Income	6,633.43
			ORIG CO NAME:HEALTHPLEX IPA (
				#:028000080642629 EED:220105 IND ID:			
06/14/2023	Deposit	No	IND NAME:SAMEH AKNOUK TRN: 0		, ,	Fee for Service Income	11.48
06/15/2023	Deposit	No	ACH Credit - BKCD PROCESSING DI		Operating (*8553) - 3	Credit Card Income	1,200.00
				RCHASE RETURN BERKSHIRE HATHAW WILKES			
06/15/2023	Deposit	No	BARRE PA 98803979 065966		Operating (*8553) - 3	Insurance Expenses	20.00
06/16/2023	Deposit	No	ACH Credit - BKCD PROCESSING DI	POSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	950.00

Exhibit C: Total Cash Receipts

	_				Total	\$ 144,118.88
06/30/2023	Deposit	No	ACH Credit - BKCD PROCESSING DEPOSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	775.00
06/29/2023	Deposit	No	ACH Credit - BKCD PROCESSING DEPOSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	450.00
06/28/2023	Deposit	No	ACH Credit - BKCD PROCESSING DEPOSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	4,712.95
06/27/2023	Deposit	No	IND NAME:SAMEH AKNOUK TRN: 0048618018TC	PERFBUS CHK (9262) - 1	Fee for Service Income	257.00
			ORIG CO NAME:DENTCARE ORIG ID:2112480692 DESC DATE: CO ENTRY DESCR:DEBIT SEC:CCD TRACE#:028000088618018 EED:220104 IND ID:			
06/26/2023	Deposit	No	DESCR:DEBIT SEC:CCD TRACE#:028000080642629 EED:220105 IND ID: IND NAME:SAMEH AKNOUK TRN: 0050642629TC	PERFBUS CHK (9262) - 1	Fee for Service Income	146.10
			ORIG CO NAME:HEALTHPLEX IPA ORIG ID:6113554436 DESC DATE: CO ENTRY			
06/26/2023	Deposit	No	ACH Credit - BKCD PROCESSING DEPOSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	1,465.00
06/26/2023	Deposit	No	ACH Credit - SYNCHRONY BANK MTOT DEP 534812028504524	Operating (*8553) - 3	Miscellaneous Income	638.25
06/26/2023	Deposit	No	ACH Credit - BKCD PROCESSING DEPOSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	210.00
06/23/2023	Deposit	No	IND NAME:SAMEH AKNOUK TRN: 0048618018TC	PERFBUS CHK (9262) - 1	Fee for Service Income	500.00
	·		ORIG CO NAME:DENTCARE ORIG ID:2112480692 DESC DATE: CO ENTRY DESCR:DEBIT SEC:CCD TRACE#:028000088618018 EED:220104 IND ID:			
06/23/2023	Deposit	No	ACH Credit - SYNCHRONY BANK MTOT DEP 534812028504524	Operating (*8553) - 3	Miscellaneous Income	2,723.20
06/23/2023	Deposit	No	ACH Credit - BKCD PROCESSING DEPOSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	1,575.00
06/23/2023	Deposit	No	ACH Credit - TAB Bank/Sunbit SUNBIT0403 21788	Operating (*8553) - 3	Miscellaneous Income	2.380.00
06/23/2023	Deposit	No	ACH Credit - BKCD PROCESSING DEPOSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	5,384.59
06/22/2023	Deposit	No	ACH Credit - TAB Bank/Sunbit SUNBIT0403 21788	Operating (*8553) - 3	Miscellaneous Income	2.252.50
06/22/2023	Deposit	No	ACH Credit - BKCD PROCESSING DEPOSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	775.00
06/22/2023	Deposit	No	Deposit - Deposit	Operating (*8553) - 3	Fee for Service Income	5,820.70
06/20/2023	Deposit Deposit	No No	Memo Credit - BKCD PROCESSING DEPOSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	5,788.00
06/20/2023	Donneit	No	ORIG CO NAME:DENTCARE ORIG ID:2112480692 DESC DATE: CO ENTRY DESCR:DEBIT SEC:CCD TRACE#:028000088618018 EED:220104 IND ID: IND NAME:SAMEH AKNOUK TRN: 0048618018TC	PERFBUS CHK (9262) - 1	Fee for Service Income	17.00
06/20/2023	Deposit	No	ACH Credit - BKCD PROCESSING DEPOSIT 146727001110212	Operating (*8553) - 3	Credit Card Income	590.00
06/20/2023	Deposit	No	ACH Credit - SYNCHRONY BANK MTOT DEP 534812028504524	Operating (*8553) - 3	Miscellaneous Income	2,973.30
06/20/2023	Deposit	No	Deposit - Deposit	Operating (*8553) - 3	Fee for Service Income	10,261.64
06/17/2023	Transfer	No	Internal Transfer - Transfer from CK 8553	Debtor In Poss (*8555) - 3		10,000.00
06/16/2023	Deposit	No	DESCR:DEBIT SEC:CCD TRACE#:028000088618018 EED:220104 IND ID: IND NAME:SAMEH AKNOUK TRN: 0048618018TC	PERFBUS CHK (9262) - 1	Fee for Service Income	131.80
			ORIG CO NAME:DENTCARE ORIG ID:2112480692 DESC DATE: CO ENTRY			

Exhibit D: Total Cash Disbursements

Date	Transaction Type	Num	Adj	Name	Memo/Description	Account	Split	Amount
06/01/2023	Expense		No	Park Chester	Debit - XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293	Operating (*8553) - 3	Travel Expense	-5.00
06/01/2023	Expense		No	Park Chester	Debit - XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293	Operating (*8553) - 3	Travel Expense Credit Card Processing	-5.00
06/01/2023	Expense		No		ACH Debit - BKCD PROCESSING FEES 146727001110212	Operating (*8553) - 3	Fees	-771.38
06/01/2023	Expense		No	State Farm	Debit - XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653	Operating (*8553) - 3	Insurance Expenses	-265.39
06/01/2023	Expense	1090	No	Dr. Marina Aknouk	Check - 1090 - Check #1090	Operating (*8553) - 3	Outside Services	-2,100.00
06/01/2023	Check	1096	No	Sunna Chardhery	Check - 1096 - Check #1096	Operating (*8553) - 3	Outside Services	-936.00
06/01/2023	Check	1095	No	Revna Camacho	Check - 1095 - Check #1095	Operating (*8553) - 3	Outside Services	-285.00
06/01/2023	Check	1094	No	Reyna Camacho	Check - 1094 - Check #1094	Operating (*8553) - 3	Outside Services	-361.00
06/01/2023	Check	1092	No	,	Check - 1092 - Check #1092	Operating (*8553) - 3	Patient Refunds	-1,000,00
06/01/2023	Check	1091	No	Melissa Maccor	Check - 1091 - Check #1091	Operating (*8553) - 3	Outside Services	-400.00
06/01/2023	Expense	1001	No	Wich33a Waccoi	Online Payment 775 To L& M Window Cleaning, INC, 02/01	PERFBUS CHK (9262) - 1	Office Cleaning	-37.02
06/01/2023	Expense		No		Online Payment \$775 To L& M Window Cleaning, INC. 02/01	PERFBUS CHK (9262) - 1	Office Cleaning	-37.02
					ORIG CO NAME:BKCD PROCESSING ORIG ID:9000477845 DESC DATE:230531 CO ENTRY DESCR:FEES SEC:CCD TRACE#:021001039151081 EED:230601 IND		Credit Card Processing	
06/01/2023	Expense		No		ID:002001000176071 IND NAME:SAMEH H AKNOUK DDS PC TRN: 1529151081TC	PERFBUS CHK (9262) - 1	Fees	-124.20
06/01/2023	Expense		No	Indeed	Indeed Jobs 512-4595300 TX 06/01	PERFBUS CHK (9262) - 1	Advertising Expenses	-17.46
06/02/2023	Expense		No	ADP Payroll	ACH Debit - ADP PAYROLL FEES ADP FEES 925126740969	Debtor In Poss (*8555) - 3	Payroll Processing Fees	-139.32
06/02/2023	Expense		No	, ion i ayron	Debit - XX3985 POS PURCHASE SMILEMAKERS INC 888–8007645 SC 01351376 923455	Operating (*8553) - 3	Dental Supplies Computer & Software	-397.50
06/02/2023	Expense		No		ACH Debit - INTUIT * QBooks Onl 5159186	Operating (*8553) - 3	Expense	-59.74
06/02/2023	Check	1084	No	Bianca Ibrahim	Check - 1084 - Check #1084	Operating (*8553) - 3	Legal & Professional Fees	-1,000.00
06/05/2023	Expense	1004	No	E-ZPass	ACH Debit - E-ZPASS REBILL EZP REBILL 5708841	Operating (*8553) - 3	Travel Expense	-465.00
06/05/2023	Expense	1093	No	Anny Loro	Check - 1093 - Check #1093	Operating (*8553) - 3	Outside Services	-240.00
06/05/2023	Expense	1093	No	Ailily Lolo	SERVICE CHARGES FOR THE MONTH OF DECEMBER	PERFBUS CHK (9262) - 1	Bank Charges	-30.00
06/07/2023	Expense		No	ADP Payroll	ACH Debit - ADP Tax ADP Tax RXEVO 030810A01	Debtor In Poss (*8555) - 3	Payroll Tax Expenses	-2,265.13
06/07/2023	Expense		No	ADP Payroll	ACH Debit - ADP WAGE PAY WAGE PAY 696093227201EVO	Debtor In Poss (*8555) - 3	Payroll Expenses	-5,636.29
06/07/2023	Expense		No	ADP Payroll	ACH Debit - ADP PAY-BY-PAY PAY-BY-PAY 696093227202EVO	Debtor In Poss (*8555) - 3	Insurance Expenses	-65.28
06/07/2023	Expense		No	Shell	Debit - XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK US 61381740 112750	Operating (*8553) - 3	Auto Expenses	-71.85
06/07/2023	Expense		No	MTA	Debit - XX3985 POS PURCHASE MTA*LIRR STATION JAMAICA US 70976522 015422	Operating (*8553) - 3	Travel Expense	-14.00
06/07/2023	Expense		No	MTA	Debit - XX3985 POS PURCHASE MTA*LIRR STATION JAMAICA US 70958777 985140	Operating (*8553) - 3	Travel Expense	-7.00
06/08/2023	Expense		No	WIII	Debit - CHK# 00 AMT \$5,636.29, NSF Paid Fee	Debtor In Poss (*8555) - 3	·	-35.00
	·					,	•	
06/08/2023	Expense		No		Debit - XX3985 POS PURCHASE DOF PARKINGANDCA NEW YORK US 09701872 744318	Operating (*8553) - 3	Travel Expense	-190.00
06/08/2023	Expense		No		Debit - XX3985 POS PURCHASE PRKNG&CAMERATIX NEW YORK US 09701872 844644 Debit - XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98302799	Operating (*8553) - 3	Travel Expense	-3.80
06/08/2023	Expense		No		171206 Debit - XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98301908	Operating (*8553) - 3	Insurance Expenses	-18.00
06/08/2023	Expense		No		776761	Operating (*8553) - 3	Insurance Expenses	-166.19
06/08/2023	Check	1100	No	Reyna Camacho	Check - 1100 - Check #1100	Operating (*8553) - 3	Outside Services	-304.00
06/08/2023	Check	1099	No	Melissa Maccor	Check - 1099 - Check #1099	Operating (*8553) - 3	Outside Services	-600.00
06/08/2023	Transfer		No		Internal Transfer - Transfer from CK 8553	Operating (*8553) - 3	Debtor In Poss (*8555) - 3	-15,000.00
06/08/2023	Expense	1088	No	Libanesa Sepulreda	Check - 1088 - Check #1088	Operating (*8553) - 3	Outside Services	-364.00
	·			·				
06/09/2023	Expense -		No	ADP Payroll	ACH Debit - ADP PAYROLL FEES ADP FEES 925126740969	Debtor In Poss (*8555) - 3		-139.32
06/12/2023	Expense		No		Debit - XX3985 POS PURCHASE COLLECTION BUREA 18883062045 CA 19046324 230291	Operating (*8553) - 3	Office Expenses	-236.88

Exhibit D: Total Cash Disbursements

06/12/2023 06/12/2023 06/12/2023 06/12/2023 06/12/2023 06/13/2023 06/13/2023	Expense Expense Expense Check Expense Check Check	1103 1098 1097 1105 1101	No No No No No No	Dental Supply BH Dr. Marina Aknouk OB Construction Shan Hi Empire Dental Supply	Debit - XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 90777593 792858 Check - 1103 - Check #1103 Check - 1098 - Check #1098 Check - 1097 - Check #1097 Online Payment 9779 To ol shan properties 06/12 Check - 1105 - Check #1105 Check - 1101 - Check #1101 - Car Insurance Paid by Dr. Sameh Aknouk	Operating (*8553) - 3 Operating (*8553) - 3 Operating (*8553) - 3 Operating (*8553) - 3 PERFBUS CHK (9262) - 1 Operating (*8553) - 3 Operating (*8553) - 3	Travel Expense Dental Supplies Outside Services Repairs & Maintenance Rent Expense Dental Supplies Insurance Expenses	-10.95 -10,000.00 -2,100.00 -600.00 -8,588.52 -2,993.95 -4,900.00
06/13/2023	Check	1104	No	21st Century Dental Lab	Check - 1104 - Check #1104	Operating (*8553) - 3	Lab Fees	-7,198.00
06/14/2023	Expense		No	ADP Payroll	ACH Debit - ADP WAGE PAY WAGE PAY 696093227201EVO	Debtor In Poss (*8555) - 3	Payroll Expenses	-5,747.40
06/14/2023	Expense		No	ADP Payroll	ACH Debit - ADP Tax ADP Tax RXEVO 030810A01	Debtor In Poss (*8555) - 3	Payroll Tax Expenses	-2,311.98
06/14/2023	Expense		No	ADP Payroll	ACH Debit - ADP PAY-BY-PAY PAY-BY-PAY 696093227202EVO	Debtor In Poss (*8555) - 3	Insurance Expenses	-66.89
06/14/2023 06/14/2023	Expense Expense		No No	Shell Executive Office	Debit - XX3985 POS PURCHASE HENRY SCHEIN TEC 800-734-5561 UT 09648102 997156 Debit - XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463	Operating (*8553) - 3 Operating (*8553) - 3	Dental Supplies Auto Expenses	-2,201.12 -59.46
06/14/2023	Expense	1102	No	Cleaning	Check - 1102 - Check #1102	Operating (*8553) - 3	Office Cleaning	-750.00
06/15/2023	Check	1111	No	Reyna Camacho	Check - 1111 - Check #1111	Operating (*8553) - 3	Outside Services	-684.00
06/15/2023	Check	1110	No	Sunna Chardhery	Check - 1110 - Check #1110	Operating (*8553) - 3	Outside Services	-936.00
06/15/2023	Check	1108	No	Sunna Chardhery	Check - 1108 - Check #1108	Operating (*8553) - 3	Outside Services	-364.00
06/15/2023	Check	1109	No	Dr. Marina Aknouk	Check - 1109 - Check #1109	Operating (*8553) - 3	Outside Services	-2,100.00
00/13/2023	Officer	1105	140	DI. Marina Akriouk	Gleck - 1105 - Gleck #1105	operating (6555) - 5	Outside Oct vices	-2,100.00
06/16/2023	Expense		No	ADP Payroll	ACH Debit - ADP PAYROLL FEES ADP FEES 925126740969 Debit - XX3985 POS PURCHASE WALGREENS #17701 HUNTINGTON ST NY 80850318	Debtor In Poss (*8555) - 3	Payroll Processing Fees	-139.32
06/16/2023	Expense		No	Walgreens	847370	Operating (*8553) - 3	Office Expenses	-31.48
06/16/2023	Expense		No		Debit - XX3985 POS PURCHASE HENRY SCHEIN TEC 800-734-5561 UT 88332162 872124	Operating (*8553) - 3	Dental Supplies	-643.01
06/16/2023	Check	1107	No	Libanesa Sepu reda	Check - 1107 - Check #1107	Operating (*8553) - 3	Outside Services	-364.00
				•				
06/16/2023	Check	1106	No	Christiano Santana	Check - 1106 - Check #1106	Operating (*8553) - 3	Outside Services	-800.00
06/16/2023	Check	1112	No		Check - 1112 - Check #1112 - Copy Machine	Operating (*8553) - 3	Office Expenses	-100.00
06/17/2023	Transfer		No		Internal Transfer - Transfer from CK 8553	Operating (*8553) - 3	Debtor In Poss (*8555) - 3	-10,000.00
06/20/2023	Expense		No	Park Chester	Debit - XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 60104136 477630	Operating (*8553) - 3	Travel Expense	-10.95
06/20/2023	Expense		No	Park Chester	Debit - XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 54923657 787045	Operating (*8553) - 3	Travel Expense	-10.95
06/20/2023	Expense		No	I alk Ollestei	Debit - XX3985 POS PURCHASE DOHMH LIC/PRM SE NEW YORK NY 09728465 126915	Operating (*8553) - 3	Travel Expense	-2.00
	•						'	
06/20/2023	Expense		No		Debit - XX3985 POS PURCHASE KERR CORPORATION ORANGE CA 43545941 846175	Operating (*8553) - 3	Dental Supplies	-1,111.64
06/20/2023	Expense		No	City Waste	Debit - XX3985 POS PURCHASE NYC DOHMH LIC/PR LONG ISLAND C NY 09728465 501083	Operating (*8553) - 3	Travel Expense	-100.00
06/20/2023	Expense		No	Park Chester	Debit - XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 56043652 033321	Operating (*8553) - 3	Travel Expense	-10.95
	•			E-ZPass			•	
06/20/2023	Expense		No	E-ZPass	ACH Debit - E-ZPASS REBILL EZP REBILL 9746115	Operating (*8553) - 3	Travel Expense	-465.00
06/20/2023	Expense		No	Park Chester	Debit - XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 54072729 127837	Operating (*8553) - 3	Travel Expense	-10.95
06/21/2023	Expense		No	ADP Payroll	ACH Debit - ADP PAY-BY-PAY PAY-BY-PAY 696093227202EVO	Debtor In Poss (*8555) - 3	Insurance Expenses	-57.42
06/21/2023	Expense		No	ADP Payroll	ACH Debit - ADP WAGE PAY WAGE PAY 696093227201EVO	Debtor In Poss (*8555) - 3	Payroll Expenses	-5,035.36
06/21/2023 06/21/2023	Expense Expense		No No	ADP Payroll Shell	ACH Debit - ADP Tax ADP Tax RXEVO 030810A01 Debit - XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 27236147 223115	Debtor In Poss (*8555) - 3 Operating (*8553) - 3	Auto Expenses	-2,089.13 -67.64
06/21/2023	Check	1118	No	Melissa Maccor	Check - 1118 - Check #1118	Operating (*8553) - 3	Outside Services	-425.00
06/21/2023	Check	1120	No	Reyna Camacho	Check - 1120 - Check #1120	Operating (*8553) - 3	Outside Services	-589.00
06/22/2023	Expense	-	No	•	Debit - XX3985 POS PURCHASE KERR CORPORATION ORANGE CA 27588861 578511	Operating (*8553) - 3	Dental Supplies	-785.46
06/22/2023	Check	1119	No	Sunna Chardhery	Check - 1119 - Check #1119	Operating (*8553) - 3	Outside Services	-1.092.00
06/22/2023	Check	1117	No	Dr. Marina Aknouk	Check - 1117 - Check #1117	Operating (*8553) - 3	Outside Services	-2,100.00
50/22/2020	SHOOK	,	140	S. Mailia / Miloak	Ondok 1111 Ondok #1111	operating (dodd) d	Catc. 43 Oct \$1005	2,100.00

Exhibit D: Total Cash Disbursements

06/22/2023	Check	1113	No	TechTrone T	Check - 1113 - Check #1113	Operating (*8553) - 3	Computer & Software Expense	-5,531.15
06/23/2023	Expense		No	ADP Payroll	ACH Debit - ADP PAYROLL FEES ADP FEES 925126740969	Debtor In Poss (*8555) - 3	Payroll Processing Fees	-139.32
06/23/2023	Expense		No		Debit - XX3985 POS PURCHASE EPRESCRIBE RALEIGH NC 39856976 459511	Operating (*8553) - 3	Computer & Software Expense	-49.00
06/23/2023	Expense		No		Debit - XX3985 POS PURCHASE HENRY SCHEIN TEC 800-734-5561 UT 83340609 008774	Operating (*8553) - 3	Dental Supplies	-166.95
06/23/2023	Check	1116	No	Libanesa Sepulreda	Check - 1116 - Check #1116	Operating (*8553) - 3	Outside Services	-364.00
06/23/2023	Expense		No	City Waste	Online Payment 13302419580 To CI TY WASTE SERVICES OF NEW YORK 01/25	PERFBUS CHK (9262) - 1	Office Expenses	-200.74
06/26/2023	Expense		No		ACH Debit - BKCD PROCESSING DEPOSIT 146727001110212	Operating (*8553) - 3	Patient Refunds	-335.00
06/26/2023	Expense		No		Debit - XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 30482571 244253	Operating (*8553) - 3	Travel Expense	-10.95
06/26/2023	Expense		No		Debit - XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 26150174 806231	Operating (*8553) - 3	Travel Expense	-10.95
06/26/2023	Expense		No		Debit - XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 25188381 861715	Operating (*8553) - 3	Travel Expense	-10.95
00/00/0000				Executive Office	01 1 1115 01 1 11115	0 " (40550) 0	om ol :	750.00
06/26/2023	Check	1115	No	Cleaning	Check - 1115 - Check #1115	Operating (*8553) - 3	Office Cleaning	-750.00
06/26/2023	Check	1114	No	BMW	Check - 1114 - Check #1114	Operating (*8553) - 3	Auto Lease Expenses	-1,190.94
06/26/2023	Expense		No		Debit - XX3985 POS PURCHASE KERR CORPORATION ORANGE CA 43545941 846175	Operating (*8553) - 3	Dental Supplies	-202.58
06/26/2023	Expense		No	Indeed	Indeed Jobs 512-4595300 TX 06/25	PERFBUS CHK (9262) - 1	Advertising Expenses	-408.28
06/27/2023	Expense		No	ADP Payroll	ACH Debit - ADP Tax ADP Tax RXEVO 030810A01	Debtor In Poss (*8555) - 3	Payroll Tax Expenses	-2,231.98
06/27/2023	Expense		No	ADP Payroll	ACH Debit - ADP WAGE PAY WAGE PAY 696093227201EVO	Debtor In Poss (*8555) - 3	Payroll Expenses	-5,451.90
06/27/2023	Expense		No	ADP Payroll	ACH Debit - ADP PAY-BY-PAY PAY-BY-PAY 696093227202EVO	Debtor In Poss (*8555) - 3	Insurance Expenses	-48.46
06/27/2023	Check	1121	No	Anny Loro	Check - 1121 - Check #1121	Operating (*8553) - 3	Outside Services	-400.00
06/27/2023	Expense		No	BMW	ACH Debit - BMWFINANCIAL SVS BMWFS PYMT XXXXX1452	Operating (*8553) - 3	Auto Lease Expenses	-1,190.94
06/28/2023	Expense		No		Debit - CHK# 00 AMT \$5,451.90, NSF Paid Fee	Debtor In Poss (*8555) - 3	Bank Charges	-35.00
06/28/2023	Expense		No		ACH Debit - SBA EIDL LOAN 3321507900	Operating (*8553) - 3	SBA Loan Payable	-731.00
06/29/2023	Expense		No		Automatic Overdraft Charge - DEFICIT BALANCE FEE	Debtor In Poss (*8555) - 3	Bank Charges	-1.51
06/29/2023	Check	1123	No	Reyna Camacho	Check - 1123 - Check #1123	Operating (*8553) - 3	Outside Services	-456.00
06/29/2023	Expense		No	•	Online Payment XXXXXXXXXX To L&M Window Cleaning, INC. 06/29	PERFBUS CHK (9262) - 1	Office Cleaning	-37.02
06/30/2023	Expense		No		Service Charge - Service Charge	Debtor In Poss (*8555) - 3	Bank Charges	-100.00
06/30/2023	Expense		No		Automatic Overdraft Charge - DEFICIT BALANCE FEE	Debtor In Poss (*8555) - 3	Bank Charges	-1.62
06/30/2023	Expense		No	ADP Payroll	ACH Debit - ADP PAYROLL FEES ADP FEES 925126740969	Debtor In Poss (*8555) - 3	Payroll Processing Fees	-133.18
06/30/2023	Check	1124	No	Melissa Maccor	Check - 1124 - Check #1124	Operating (*8553) - 3	Outside Services	-525.00
06/30/2023	Expense		No	State Farm	Debit - XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 80140950 867303	Operating (*8553) - 3	Insurance Expenses	-609,96
06/30/2023	Expense		No	Glate i aiiii	Service Charge - Service Charge	Operating (*8553) - 3	Bank Charges	-100.00
00/00/2020	Lybense		INU		Oci vice Charge - Oci vice Charge	Operating (0000) - 0	Total	\$ (132,870.68)
							· Ctai	Ψ (10±,010.00)

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

SURANCE COMPANY/GROU	SENT	SERVICE	ONE # PATIENT NAME		BIRTHDAY		20.00		
SUBSCRIBER	ASSIGN. OF B	ENEFITS	ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	99 SEIU NBF 04/03/2023	04/03/2023							
						0.00	0.00	1200.00	1200.00
	12/05/2022	08/11/2022				0.00	0.00	2075.00	3875.00
	12/12/2022	12/12/2022					0.45	3875.00	
	12/14/2022	12/08/2022				0.00	0.00	200.00	200.00
	01/11/2023	12/29/2022				0.00	0.00	155.00	155.00
	01/26/2023	01/25/2023				0.00	0.00	300.00	300.00
	02/08/2023	02/08/2023				0.00	0.00	45.00	45.00
	02/20/2023	02/20/2023				0.00	0.00	4500.00	4500.00
	03/02/2023	03/02/2023				0.00	0.00	975.00	975.00
	05/15/2023	05/15/2023				0.00	0.00	3600.00	3600.00
	06/19/2023	06/15/2023				0.00	3875.00	0.00	3875.0
	90.10.000					50.00	0.00	0.00	50.0
	05/22/2023	05/22/2023				285.00	0.00	0.00	285.00
	01/11/2023	01/02/2023				0.00	0.00	190.00	190.0
	01/11/2023	01/02/2023				0.00	0.00	200.00	200.0
	01/11/2023	12/29/2022						195.00	195.0
	02/23/2023	02/23/2023				0.00	0.00		
	04/03/2023	04/03/2023				0.00	0.00	95.00	95.0
	05/22/2023	05/22/2023				0.00	0.00	285.00	285.0
	06/01/2023	06/01/2023				285.00	0.00	0.00	285.0
	06/01/2023	06/01/2023				100.00	0.00	0.00	100.0
	06/07/2023	06/06/2023				85.00	0.00	0.00	85.0
	06/15/2023	06/14/2023				100.00	0.00	0.00	100.0
						105.00	0.00	0.00	105.0
	01/30/2023	01/30/2023				0.00	0.00	190.00	190.0
	02/13/2023	02/09/2023				0.00	0.00	105.00	105.0
	02/20/2023	02/20/2023				0.00	0.00	150.00	150.0
	11/28/2022	11/23/2022				0.00	0.00	100.00	100.0
						0.00	0.00	200.00	200.0
	01/30/2023	01/30/2023				0.00	0.00	2925.00	2925.0
	06/05/2023	06/05/2023				105.00	0.00	0.00	105.00

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC Date: 07/20/2023 Page: 2 INSURANCE COMPANY/GROUP PLAN PHONE # GROUP NUM. SENT SERVICE PATIENT NAME BIRTHDAY SUBSCRIBER ASSIGN. OF BENEFITS ID NUM ESTIMATE CURRENT 31-60 61-90 > 90 TOTAL 06/21/2023 06/20/2023 0.00 0.00 0.00 06/21/2023 06/20/2023 285.00 0.00 0,00 0.00 06/20/2023 06/21/2023 500.00 0.00 0.00 0.00 390.00 12/19/2022 12/19/2022 0.00 0.00 200.00 200.00 12/19/2022 12/19/2022 0.00 0.00 190.00 01/18/2023 01/18/2023 190.00 0.00 0.00 295.00 04/05/2023 04/05/2023 295.00 0.00 0.00 270.00 04/12/2023 270.00 04/12/2023 0.00 0.00 295.00 295,00 07/18/2023 07/12/2023 0.00 0.00 0.00 230.00 02/16/2023 02/16/202 0.00 0.00 285.00 285.00 03/29/2023 03/27/202 0.00 0.00 285.00 285.00 11/28/2022 11/07/202 0.00 0.00 295.00 295.00 12/14/2022 12/14/202 0.00 0.00 250.00 250.00 05/15/2023 05/11/202 0.00 90.00 0.00 90.00 05/22/202 05/22/2023 285.00 0.00 0.00 e Com 285.00 01/12/2023 01/09/202 0.00 0.00 200.00 200.00 01/09/202: 01/13/2023 0.00 0.00 200.00 200.00 02/02/2023 02/02/2023 0.00 0.00 95.00 95.00 02/02/2023 02/02/2023 0.00 0.00 95.00 95.00 02/16/2023 02/16/2023 0.00 0.00 105.00 105.00 12/01/2022 12/01/2022 0.00 0.00 345.00 345.00 05/24/2023 05/25/2023 230.00 0.00 0.00 230.00 02/23/2023 02/23/2023 0.00 0.00 250.00 250:00 03/30/2023 03/30/2023 0.00 0.00 95.00 95.00

03/02/2023

02/06/2023

1950.00

1950.00

0.00

0.00



Sameh H. Aknouk, Dental Services, PC

Date: 07/20/2023

Page:

-Continued-

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	PPLAN	SERVICE	PATIENT NAME	2622 018.	BIRTHDAY				
SUBSCRIBER	SENT ASSIGN, OF BI	15-96-31-4-37-40	ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 80	TOTAL
	02/02/2023	02/02/202							
	03/02/2023	03/02/202				0.00	0.00	3900.00	3900.00
	02/08/2023	02/08/202				0.00	0.00	285.00	285.00
	06/05/2023	06/05/202				4825.00	0.00	0.00	4825.00
	06/29/2023	06/26/202				0.00	0.00	0.00	130.00
	06/12/2023	06/08/202				0.00	0.00	0.00	130.00
	00/12/2020	00/00/202				195.00	0.00	0.00	195.00
	11/28/2022	11/28/202				0.00	0.00	270.00	270.00
	06/08/2023	06/07/202				285,00	0.00	0.00	285.00
	11/28/2022	11/28/202				0.00	0.00	295.00	295.00
	02/22/2023	02/22/202				0.00	0.00	295.00	295.00
	02/23/2023	02/23/202				0.00	0.00	190.00	190.00
	02/23/2023	02/23/202				0.00	0.00	135.00	135.0
	06/05/2023	06/05/202				295.00	0.00	0.00	295.00
	06/26/2023	06/22/202				0.00	0.00	0.00	300.00
	o5/18/2023					0.00			
	loyee Progra 06/12/2023					0.00	230.00	0.00	230.0
	06/29/2023	06/29/20				185.00	0.00	0.00	185.0
	00/29/2023	001231201				0.00	0.00	0.00	250.0
	11/14/2022	11/14/20				0.00	0.00	295.00	295.0
	11/14/2022	11/14/20				0.00	0.00	295.00	295.0
	02/01/2023	02/01/20				0.00	0.00	125.00	125.0
	05/25/2023	05/24/20				105.00	0.00	0.00	105.0
	06/01/2023	06/01/20				85.00	0.00	0.00	85.0
	06/01/2023	06/01/20				52.00	0.00	0.00	52.0
	06/07/2023	06/07/20				169.00	0.00	0.00	169.0
	06/19/2023	06/15/20				850.00	0.00	0.00	850.0
		05/15/20							



Sameh H. Aknouk, Dental Services, PC

07/20/2023 Date: Page: INSURANCE COMPANY/GROUP PLAN PHONE # GROUP NUM. SENT SERVICE PATIENT NAME BIRTHDAY SUBSCRIBER ASSIGN. OF BENEFITS ID NUM **ESTIMATE** CURRENT 31-60 61-90 > 90 TOTAL 07/18/2023 07/12/2023 0.00 0.00 0.00 99.00 03/23/2023 03/23/2023 0.00 0.00 105.00 105.00 01/16/2023 01/16/2023 0.00 0.00 75.00 75.00 04/10/2023 04/08/2023 0.00 0.00 45.00 45.00 VELFARE 05/15/2023 05/11/2023 0.00 125.00 0.00 125.00 05/25/2023 05/24/2023 45.00 0.00 0.00 45.00 07/19/2023 06/21/2023 0.00 0.00 0.00 52.00 03/27/2023 03/27/2023 0.00 0.00 125.00 125.00 04/10/2023 04/10/2023 0.00 0.00 125.00 125.00 06/05/2023 06/05/2023 36.00 0.00 0.00 36.00 FARE FUN 01/02/2023 01/12/2023 0.00 62.00 0.00 62.00 01/23/2023 01/23/2023 0.00 0.00 850.00 850.00 01/30/2023 01/28/2023 0.00 0.00 105.00 105.00 05/04/2023 05/04/2023 52.00 0.00 52.00 0.00 06/27/2023 06/26/2023 0.00 0.00 0.00 111.00 04/13/2023 04/13/2023 0.00 0.00 52.00 52.00 07/12/2023 07/10/2023 0.00 0.00 0.00 45.00 03/01/2023 03/01/2023 0.00 0.00 125.00 125.00 05/03/2023 05/03/202: 0.00 125.00 0.00 125.00 11/10/2022 11/10/2022 0.00 0.00 295.00 295.00 11/10/2022 11/10/2022 0.00 0.00 1200.00 1200.00 11/14/2022 11/05/2022 0.00 0.00 850.00 850.00 06/07/2023 06/07/2023 190.00 0.00 0.00 190.00 06/15/2023 06/14/2023 66.00 0.00 0.00 66.00 06/29/2023 06/24/2023 0.00 0.00 0.00 45.00 01/12/2023 01/05/2023 0.00 0.00 150.00 150.00

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

07/20/2023 Date: Page: INSURANCE COMPANY/GROUP PLAN PHONE # GROUP NUM. PATIENT NAME BIRTHDAY SENT SERVICE SUBSCRIBER ASSIGN. OF BENEFITS ID NUM **ESTIMATE** CURRENT 31-60 61-90 > 90 TOTAL 05/08/2023 05/06/2023 0.00 95.00 0.00 95.00 02/01/2023 02/01/2023 0.00 0.00 105.00 105.00 07/18/2023 07/12/2023 0.00 0.00 0.00 52.00 04/10/2023 04/12/2023 0.00 0.00 125.00 125.00 07/06/2023 06/29/2023 0.00 255.00 0.00 0.00 07/05/2023 07/07/2023 0.00 0.00 0.00 111.00 07/10/2023 07/08/2023 0.00 0.00 0.00 52.00 02/09/2023 02/09/2023 0.00 0.00 105.00 105.00 THE UFT WALFARE FU 04/13/2023 04/13/2023 0.00 0.00 80.00 80.00 05/31/2023 05/31/2023 99.00 0.00 0.00 99.00 06/23/2023 06/22/2023 0.00 99.00 0.00 0.00 THE UFT WELFARE FU 04/26/2023 04/26/2023 0.00 125.00 0.00 125.00 THE UFT WELFARE FU 12/21/2022 12/21/2022 150.00 150.00 0.00 0.00 05/17/2023 05/17/2023 0.00 1550.00 0.00 1550.00 06/20/2023 06/19/2023

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UFT WELFARE FUND 04/10/2023

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DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

07/20/2023 6 Page: Date: PHONE # INSURANCE COMPANY/GROUP PLAN GROUP NUM. SENT SERVICE PATIENT NAME BIRTHDAY **ASSIGN. OF BENEFITS** ID NUM **ESTIMATE** CURRENT 31-60 61-90 > 90 TOTAL SUBSCRIBER WELFARE FUND 11/10/2022 11/28/2022 0.00 0.00 190.00 190.00 06/07/2023 06/05/202 45.00 0.00 0.00 45.00 06/20/2023 06/19/2023 0.00 0.00 0.00 1950.00 01/30/2023 01/28/202 0.00 3900.00 3900.00 0.00 11/09/2022 11/07/2022 200.00 200.00 0.00 0.00 12/15/2022 12/15/202 0.00 0.00 85.00 85.00 02/01/2023 02/01/202 0.00 0.00 295.00 295.00 02/13/2023 12/28/202 0.00 0.00 2925.00 2925.00 05/22/2023 05/22/202 285.00 0.00 0.00 285.00 06/12/2023 06/12/202 430.00 0.00 0.00 430.00 06/08/202 06/12/2023 190.00 0.00 0.00 190.00 06/12/2023 06/12/202 850.00 0.00 0.00 850.00 06/15/2023 06/15/202 0.00 0.00 95.00 95.00 07/10/2023 07/08/202 0.00 0.00 0.00 220.00 07/10/2023 07/10/202 285.00 0.00 0.00 0.00 11/07/2022 11/03/2022 130.00 0.00 0.00 130.00 11/07/2022 11/03/2022 0.00 0.00 75.00 75.00 11/30/2022 11/30/2022 0.00 0.00 350.00 350.00 11/30/2022 11/30/2022 0.00 0.00 50.00 50.00 12/22/2022 10/31/202 0.00 0.00 170.00 170.00 12/22/2022 09/14/2023 0.00 0.00 170.00 170.00 01/23/2023 01/23/202 0.00 0.00 23.50 23.50 01/26/2023 01/25/202 0.00 0.00 25.00 25.00 02/02/202 02/02/2023 0.00 0.00 950.00 950.00 02/13/2023 02/09/2021 0.00 0.00 75.00 75.00 02/20/2023 02/20/202 0.00 0.00 25.00 25.00 03/23/2023 03/23/2023 0.00 0.00 1000.00 1000.00 04/19/2023 04/19/2023 0.00 0.00 600.00 600.00 06/15/2023 06/12/2023 300.00 0.00 0.00 300.00



Sameh H. Aknouk, Dental Services, PC

07/20/2023 Date: Page: INSURANCE COMPANY/GROUP PLAN PHONE # GROUP NUM. SENT SERVICE PATIENT NAME BIRTHDAY SUBSCRIBER ASSIGN. OF BENEFITS ID NUM ESTIMATE CURRENT TOTAL 31-60 61-90 > 90 06/21/2023 06/20/202 0.00 0.00 0.00 1500.00 06/22/2023 06/21/202 0.00 0.00 0.00 20.00 06/23/2023 06/22/202 0.00 0.00 25.00 0.00 06/26/2023 06/21/202 0.00 0.00 0.00 62.50 06/29/2023 06/26/202 0.00 0.00 0.00 1950.00 06/29/2023 06/26/202 0.00 0.00 1500.00 0.00 07/12/2023 07/10/202 0.00 0.00 0.00 20.00 11/11/2022 10/31/202 0.00 0.00 285.00 285.00 03/06/2023 03/06/202 0.00 0.00 285.00 285.00 04/19/2023 04/19/202 0.00 0.00 95.00 95.00 05/01/2023 05/01/202 0.00 150.00 0.00 150.00 05/25/2023 05/25/202 25.00 0.00 0.00 25.00 06/22/2023 06/21/202 0.00 0.00 0.00 105.00 06/22/2023 06/22/202 0.00 0.00 0.00 500.00 07/18/2023 07/12/202 0.00 0.00 0.00 230.00 07/18/2023 07/10/202 0.00 0.00 0.00 230.00 06/15/2023 06/13/202 160.00 0.00 0.00 160.00 12/12/2022 12/07/202 0.00 0.00 295.00 295.00 03/21/2023 02/27/202 0.00 0.00 285.00 285.00 03/29/2023 03/27/202 0.00 0.00 295.00 295.00 02/23/2023 02/23/202 0.00 0.00 135.00 135.00 03/21/2023 02/25/202 0.00 0.00 115.00 115.00 03/27/2023 03/27/202 0.00 0.00 285.00 285.00 04/05/2023 04/05/202 0.00 0.00 112.00 112.00 05/15/2023 05/13/202 108.00 0.00 108.00 0.00 32BJ 07/17/2023 07/12/202 115.00 0.00 0.00 0.00 05/17/2023 05/16/202 0.00 32.00 0.00 32.00

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DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

SURANCE COMPANY/GROU	JP PLAN SENT	SERVICE	ONE # G	ROUP NUM.	BIRTHDAY				
SUBSCRIBER	ASSIGN. OF B		ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	J HEALTH	V- 10.00							
	03/06/2023	03/06/2023				0.00	0.00	105.00	105.0
	03/06/2023	03/06/2023				0.00	0.00	4075.00	4075.0
	ealth F 03/22/2023	03/22/2023							
	05/08/2023	05/06/2023				0.00	0.00	105.00	105.0
	05/15/2023	05/15/2023				0.00	91.00	0.00	91.0
	05/15/2023	05/15/2023				0.00	150.00	0.00	150.0
	05/17/2023	05/17/2023				0.00	250.00	0.00	250.0
	06/01/2023	06/01/2023				0.00	315.00	0.00	315.0
	06/08/2023	06/07/2023				49.00	0.00	0.00	49.0
	06/15/2023	06/15/2023				32.00	0.00	0.00	32.0
	06/28/2023	06/27/2023				234.00	0.00	0.00	234.0
	06/29/2023	06/24/2023				0.00	0.00	0.00	77.0
	07/07/2023	06/29/2023				0.00	0.00	0.00	1102.0
	ealth Fu 06/15/2023	06/14/2023				0.00	0.00	0.00	40.0
	J HEALTHFU					84.00	0.00	0.00	84.0
	05/17/2023	05/17/2023				0.00	4500.00	0.00	4500.0
	06/15/2023	06/14/2023				106.00	0.00	0.00	106.0
	03/09/2023	03/02/2023				100.00	0.00	0.00	100.0
	03/09/2023	03/02/2023				0.00	0.00	150.00	150.0
	05/01/2023	05/01/2023				0.00	0.00	586.00	586.0
		06/21/2023				0.00	108.00	0.00	108.0
	06/22/2023 h & S					0.00	0.00	0.00	192.0
	02/01/2023	02/01/2023				2.22	11.	22.25	23.4
	03/13/2023	03/11/2023				0.00	0.00	75.00	75.0
	03/21/2023	03/13/2023				0.00	0.00	40.00	40.0
	05/25/2023	05/24/2023				0.00	0.00	108.00	108.0
	h & Se 11/28/2022	(8 11/28/2022				40.00	0.00	0.00	40.0
	12/05/2022	12/05/2022				0.00	0.00	12.00	12.0
	12/14/2022	12/08/2022				0.00	0.00	12.00	12.0
	1.00					0.00	0.00	445.00	445.0



Sameh H. Aknouk, Dental Services, PC

NSURANCE COMPANY/GROU	P PLAN SENT	SERVICE	HONE # PATIENT NAME	GROUP NUM.	BIRTHDAY				
SUBSCRIBER	ASSIGN. OF B		ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	n & Se 01/18/2023	01/18/202							
	01/19/2023	01/19/202				0.00	0.00	32.00	32.00
	01/23/2023	01/23/202				0.00	0.00	75.00	75.00
	02/02/2023	01/02/202				0.00	0.00	75.00	75.00
	02/08/2023	02/08/202				0.00	0.00	975.00	975.00
	02/09/2023	02/09/202				0.00	0.00	51.00	51.0
	02/13/2023	02/09/202				0.00	0.00	1504.00	1504.0
	02/20/2023	02/20/202				0.00	0.00	115.00	115.0
	03/02/2023	03/02/202				0.00	0.00	40.00	40.0
	03/06/2023	03/06/202				0.00	0.00	918.00	918.0
	03/06/2023	03/06/202				0.00	0.00	29.00	29.0
	03/06/2023	03/06/202				0.00	0.00	112.00	112.0
						0.00	0.00	76.00	76.0
	03/21/2023	02/25/202				0.00	0.00	115.00	115.0
	03/27/2023	03/27/202				0.00	0.00	116.00	116.0
	04/03/2023	04/03/202				0.00	0.00	32.00	32.0
	04/03/2023	04/03/202				0.00	0.00	68.00	68.00
	04/13/2023	04/13/202				0.00	0.00	1850.00	1850.0
	05/01/2023	05/01/202				0.00	86.00	0.00	86.0
	05/08/2023	05/08/202				0.00	1377.00	0.00	1377.0
	05/08/2023	05/08/202				0.00	108.00	0.00	108.0
	05/08/2023					0.00	65.00	0.00	65.0
	05/08/2023	05/08/202				0.00	108.00	0.00	108.0
	05/10/2023	05/10/202				0.00	77.00	0.00	77.0
	05/15/2023	05/15/202				0.00	108.00	0.00	108.0
	05/17/2023	05/17/202				0.00	57.00	0.00	57.0
	05/17/2023	05/17/202				0.00	108.00	0.00	108.0
	05/17/2023	05/17/202				0.00	108.00	0.00	108.0
	05/17/2023	05/17/202				0.00	68.00	0.00	68.0
	05/17/2023	05/16/202				0.00	32.00	0.00	32.0
	05/17/2023	05/17/202				0.00	82.00	0.00	82.0

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

Date: 07/20/2023 10 Page: INSURANCE COMPANY/GROUP PLAN PHONE # GROUP NUM. SENT SERVICE PATIENT NAME BIRTHDAY ASSIGN. OF BENEFITS **ESTIMATE** CURRENT TOTAL SUBSCRIBER ID NUM 31-60 61-90 > 90 th & Se 05/17/2023 05/16/202 0.00 0.00 32.00 32.00 05/17/2023 05/16/202 0.00 32.00 0.00 32.00 05/25/2023 05/24/202 32.00 0.00 0.00 32.00 05/25/2023 05/23/202 32.00 0.00 0.00 32.00 05/25/2023 05/23/202 100.00 0.00 0.00 100.00 05/25/2023 05/24/202 823.00 0.00 0.00 1823.00 05/25/2023 05/23/202 32.00 0.00 0.00 32.00 05/31/2023 05/31/202 89.00 0.00 0.00 89.00 06/01/2023 05/31/202 57.00 57.00 0.00 0.00 06/05/2023 06/05/202 0.00 0.00 975.00 975.00 06/07/2023 06/05/202 82.00 0.00 0.00 82.00 06/08/2023 06/07/202 175.00 0.00 0.00 1175.00 06/12/2023 06/07/202 57.00 0.00 0.00 57.00 06/08/202 06/12/2023 200.00 0.00 0.00 200.00 06/14/2023 06/13/202 32.00 0.00 0.00 32.00 06/15/2023 06/15/202 0.00 0.00 315.00 315.00 06/15/2023 06/14/202 106.00 0.00 0.00 106.00 06/14/202 06/15/2023 82.00 0.00 0.00 82.00 06/26/202 06/27/2023 0.00 0.00 0.00 40.00 06/27/2023 06/26/202 0.00 0.00 0.00 82.00 06/28/2023 06/28/202 0.00 0.00 0.00 32.00 06/28/2023 06/27/202 0.00 0.00 0.00 82.00 06/28/2023 06/28/202 0.00 0.00 0.00 32.00 07/07/2023 07/05/202 0.00 0.00 0.00 459.00 07/07/2023 07/05/202 0.00 0.00 0.00 25.00 07/10/2023 07/08/202 0.00 0.00 0.00 115.00 07/13/2023 07/10/202 0.00 0.00 0.00 17.00 07/18/2023 07/12/202 0.00 0.00 0.00 88.00 07/18/2023 07/12/202 0.00 0.00 0.00 413.00 07/18/2023 07/12/202 0.00 0.00 0.00 42.00

Sameh H. Aknouk, Dental Services, PC

07/20/2023 11 Date: Page: INSURANCE COMPANY/GROUP PLAN PHONE # GROUP NUM. PATIENT NAME SENT SERVICE BIRTHDAY SUBSCRIBER ASSIGN. OF BENEFITS ID NUM **ESTIMATE** CURRENT 31-60 61-90 > 90 TOTAL th & Se 07/18/2023 07/12/20 0.00 0.00 0.00 20.00 05/04/2023 05/04/20 0.00 0.00 115.00 115.00 04/10/2023 04/08/20 0.00 0.00 285.00 285.00 04/24/2023 04/24/20 0.00 108.00 0.00 108.00 03/02/2023 02/27/20 1823.00 0.00 0.00 1823.00 03/27/2023 03/27/20 0.00 0.00 285.00 285.00 01/13/2023 01/11/20 0.00 0.00 345.00 345.00 05/10/2023 05/10/20 120.00 120.00 0.00 0.00 06/05/2023 06/05/20 130.00 0.00 0.00 130.00 06/15/2023 06/15/20 380.00 380.00 0.00 0.00 06/20/2023 06/19/20 0.00 0.00 0.00 380.00 06/22/2023 06/21/20 0.00 0.00 380.00 0.00 06/22/2023 06/21/20 0.00 0.00 0.00 140.00 althy Liv 05/15/2023 05/15/20 0.00 225.00 0.00 225.00 06/01/2023 06/01/20 315.00 315.00 0.00 0.00 06/15/2023 06/14/20 850.00 0.00 0.00 850.00 06/15/2023 06/15/20 7800.00 0.00 0.00 7800.00 07/06/2023 06/29/20 0.00 0.00 975.00 0.00

05/31/2023 05/30/20 130.00 0.00 0.00 130.00 06/14/2023 06/13/20 190.00 0.00 0.00 190.00 06/14/2023 06/13/20 340.00 0.00 0.00 340.00 06/13/20 06/14/2023 305.00 0.00 0.00 305.00 06/19/2023 06/15/20 280.00 0.00 0.00 280.00 06/20/2023 06/19/20 0.00 0.00 0.00 95.00 07/07/2023 06/29/20 0.00 0.00 0.00 315.00 ald 05/01/2023 05/01/20 130.00 0.00 130.00 0.00 -Continued-



Sameh H. Aknouk, Dental Services, PC

NSURANCE COMPANY/GROU	JP PLAN SENT	SERVICE	IONE # GR	OUP NUM.	BIRTHDAY				
SUBSCRIBER	ASSIGN. OF B			STIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	d 05/04/2022	05/04/0007							
	05/04/2023	05/04/2023				0.00	585.00	0.00	585.00
	05/08/2023	05/08/2023				0.00	315.00	0.00	315.00
	05/11/2023	05/11/2023				0.00	100.00	0.00	100.00
	05/15/2023	05/15/2023				0.00	500.00	0.00	500.00
	05/17/2023	05/17/2023				0.00	1950.00	0.00	1950.00
	05/25/2023	05/23/2023				1950.00	0.00	0.00	1950.00
	05/31/2023	05/30/2023				130.00	0.00	0.00	130.00
	05/31/2023	05/30/2023				345.00	0.00	0.00	345.00
	05/31/2023	05/31/2023				975.00	0.00	0.00	975.00
	05/31/2023	05/30/2023				500.00	0.00	0.00	500.00
	06/01/2023	06/01/2023				315.00	0.00	0.00	315.00
	06/13/2023	06/12/2023				130.00	0.00	0.00	130.00
	06/20/2023	06/19/2023				0.00	0.00	0.00	310.00
	06/20/2023	06/19/2023				0.00	0.00	0.00	100.00
	06/21/2023	06/21/2023				0.00	0.00	0.00	1950.00
	06/21/2023	06/20/2023				0.00	0.00	0.00	280.00
	06/22/2023	06/22/2023				0.00	0.00	0.00	850.00
	06/28/2023	06/27/2023				0.00	0.00	0.00	190.00
	06/28/2023	06/27/2023				0.00	0.00	0.00	340.00
	07/07/2023	07/05/2023				0.00	0.00	0.00	250.00
	07/07/2023	07/06/2023				0.00	0.00	0.00	310.00
	07/07/2023	07/06/2023				0.00	0.00	0.00	315.00
	07/10/2023	07/06/2023				0.00	0.00	0.00	975.00
	07/10/2023	07/06/2023				0.00	0.00	0.00	100.00
	07/10/2023	07/06/2023				0.00	0.00	0.00	310.00
	07/12/2023	07/10/2023				0.00	0.00	0.00	150.00
	01/13/2023	01/11/2023				200		ACC-02	2162.00
	01/26/2023	01/26/2023				0.00	0.00	1475.00	1475.00
	02/09/2023	02/09/2023				0.00	0.00	200.00	200.00
	02/09/2023	02/09/2023				0.00	0.00	315.00	315.00
						0.00	0.00	1250.00	1250.00

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

NSURANCE COMPANY/GROU				GROUP NUM.	DIDTHOAY				
SUBSCRIBER	ASSIGN. OF B	SERVICE ENEFITS	ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	It Medicald								
	02/20/2023	02/20/2023				0.00	0.00	345.00	345.00
	02/20/2023	02/20/2023				0.00	0.00	325.00	325.00
	02/20/2023	02/11/2023				0.00	0.00	130.00	130.0
	03/23/2023	03/23/2023				0.00	0.00	1500.00	1500.0
	05/25/2023	05/25/2023				370.00	0.00	0.00	370.0
	06/12/2023	06/08/2023				230.00	0.00	0.00	230.0
	06/15/2023	06/14/2023				230.00	0.00	0.00	230.0
	06/20/2023	06/19/2023				0.00	0.00	0.00	280.0
	06/23/2023	06/22/2023				0.00	0.00	0.00	130.0
	06/26/2023	06/15/2023				0.00	0.00	0.00	280.0
	06/27/2023	06/26/2023				0.00	0.00	0.00	315.0
	06/29/2023	06/29/2023				0.00	0.00	0.00	230.0
	06/29/2023	06/29/2023				0.00	0.00	0.00	95.0
	06/29/2023 No	06/24/2023				0.00	0.00	0.00	120.0
	07/18/2023	07/12/2023							
	07/18/2023	07/12/2023				0.00	0.00	0.00	280.0
	07/18/2023	07/12/2023				0.00	0.00	0.00	280.0
	ult medicald 06/28/2023	06/27/2023				0.00	0.00	0.00	95.0
	07/07/2023	07/05/2023				0.00	0.00	0.00	190.0
	07/18/2023	07/12/2023				0.00	0.00	0.00	90.0
	dren Medical	d 02/02/2023				0.00	0.00	0.00	120.0
	02/20/2023	02/20/2023				0.00	0.00	200.00	200.0
	02/22/2023	02/22/2023				0.00	0.00	295.00	295.0
	04/27/2023	04/27/2023				0.00	0.00	225.00	225.0
	06/12/2023	06/07/2023				0.00	220.00	0.00	220.0
	06/12/2023	06/08/2023				2925.00	0.00	0.00	2925.0
	06/12/2023	06/12/2023				130.00	0.00	0.00	130.0
	06/14/2023	06/13/2023				300.00	0.00	0.00	300.0
						130.00	0.00	0.00	130.00
	06/19/2023	06/15/2023				380.00	0.00	0.00	380.00



Sameh H. Aknouk, Dental Services, PC

Date:	07/20/2023				0.17.7				Pag	je: 1
NSURANCE	COMPANY/GROU	P PLAN SENT	SERVICE	IONE # PATIENT NAME	GROUP NUM.	BIRTHDAY				
s	UBSCRIBER	ASSIGN. OF B		ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
		dren Medical								
		06/28/2023	06/27/2023				0.00	0.00	0.00	95.00
		07/10/2023	07/06/2023				0.00	0.00	0.00	500.0
		er One	0770072023				0.00	0.00	0.00	230.0
		02/08/2023	02/08/2023				0.00	0.00	105.00	105.0
		05/22/2023	05/18/2023				850.00	0.00	0.00	850.0
		ren Medicald 01/19/2023	01/04/2023				000.00	0.00	0.00	000.0
		01/19/2023	01/19/2023				0.00	0.00	105.00	105.0
		01/19/2023	01/19/2023				0.00	0.00	295.00	295.0
		01/19/2023	01/19/2023				0.00	0.00	295.00	295.0
		03/30/2023	03/30/2023				0.00	0.00	230.00	230.0
		05/04/2023	05/04/2023				0.00	0.00	225.00	225.0
		06/20/2023	06/19/2023				0.00	130.00	0.00	130.0
			120				0.00	0.00	0.00	350.0
		07/10/2023	07/06/2023				0.00	0.00	0.00	230.0
		05/17/2023	05/16/2023				0.00	130.00	0.00	130.0
		06/29/2023	06/29/2023				0.00	0.00	0.00	230.0
		N FOR HEALT					0.00	0.00	0.00	230.0
		01/13/2023					0.00	0.00	190.00	190.0
			01/14/2023				0.00	0.00	295.00	295.0
			01/18/2023				0.00	0.00	90.00	90.0
		01/19/2023	01/19/2023				0.00	0.00	105.00	105.0
		01/19/2023	01/04/2023				0.00	0.00	295.00	295.0
		01/19/2023	01/19/2023				0.00	0.00	295.00	295.0
		06/14/2023	06/13/2023				410.00	0.00	0.00	410.0
		06/15/2023	06/14/2023				380.00	0.00	0.00	380.0
		07/10/2023	07/06/2023				0.00	0.00	0.00	130.0
		for Healthy L 06/20/2023	iv 06/20/2023							
		07/06/2023	06/29/2023				0.00	0.00	0.00	1100.0
		07/07/2023	06/29/2023				0.00	0.00	0.00	315.0
		tial Plan 2					0.00	0.00	0.00	315.0
			02/22/2023				0.00	0.00	105.00	105.00

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

07/20/2023 15 Date: Page: INSURANCE COMPANY/GROUP PLAN PHONE # GROUP NUM. SERVICE PATIENT NAME BIRTHDAY SENT SUBSCRIBER ASSIGN. OF BENEFITS ID NUM **ESTIMATE** CURRENT 31-60 61-90 TOTAL > 90 06/14/2023 06/15/2023 280.00 0.00 0.00 280.00 06/15/2023 06/13/2023 285.00 0.00 0.00 285.00 06/15/2023 06/12/2023 150.00 150.00 0.00 0.00 06/15/2023 06/14/2023 245.00 0.00 0.00 245.00 06/21/2023 06/20/2023 0.00 0.00 0.00 310.00 06/23/2023 06/22/2023 0.00 0.00 0.00 150.00 06/26/2023 06/27/2023 0.00 0.00 0.00 95.00 06/28/2023 06/27/2023 0.00 0.00 0.00 190.00 06/28/2023 06/28/2023 1175.00 0.00 0.00 0.00 06/29/2023 06/28/2023 0.00 0.00 0.00 1200.00 07/17/2023 07/17/2023 0.00 0.00 975.00 0.00 07/17/2023 07/12/2023 0.00 0.00 0.00 500.00 07/17/2023 07/12/2023 0.00 0.00 0.00 130.00 07/18/2023 07/12/2023 0.00 0.00 0.00 120.00 11/17/2022 11/16/2022 0.00 0.00 105.00 105.00 12/14/2022 12/08/2022 190.00 0.00 0.00 190.00 12/15/2022 12/14/2022 0.00 0.00 95.00 95.00 01/23/2023 01/23/2023 0.00 0.00 105.00 105.00 02/13/2023 02/09/2023 1950.00 1950.00 0.00 0.00 03/23/2023 03/23/2023 0.00 0.00 120.00 120.00 03/23/2023 03/23/2023 0.00 0.00 2350.00 2350.00 05/16/2023 05/17/2023 130.00 0.00 0.00 130.00 06/01/2023 06/01/2023 185.00 0.00 0.00 185.00 06/15/2023 06/14/2023 230.00 0.00 0.00 230.00 06/28/2023 06/28/2023 0.00 0.00 0.00 215.00 07/10/2023 07/08/2023 0.00 0.00 0.00 315.00 07/12/2023 07/10/2023 0.00 0.00 0.00 280.00 07/12/2023 07/10/2023 0.00 0.00 0.00 215.00 07/17/2023 07/12/2023 0.00 0.00 0.00 345.00 Complete Care 03/22/2023 03/22/2023 0.00 0.00 200.00 200.00



Sameh H. Aknouk, Dental Services, PC

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NSURANCE COMPANY/GROU		and the state of t		GROUP NUM.	DIOTI ID 114				
SUBSCRIBER	SENT ASSIGN, OF B	SERVICE	ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	Complete Ca 05/03/2023	are 04/18/2023				0.00	4400.00	200	
	05/03/2023	04/22/2023				0.00	1100.00	0.00	1100.0
	05/22/2023	05/18/2023				0.00	6825.00	0.00	6825.0
	06/12/2023	06/10/2023				185.00	0.00	0.00	185.0
	ife Improve 02/20/2023	men 02/11/2023				1120.00	0.00	0.00	1120.0
	04/03/2023	04/03/2023				0.00	0.00	200.00	200.0
	05/08/2023	04/27/2023				0.00	0.00	6825.00	6825.0
	06/20/2023	06/19/2023				0.00	220.00	0.00	220.0
	06/20/2023	06/20/2023				0.00	0.00	0.00	500.0
	07/10/2023	07/08/2023				0.00	0.00	0.00	975.0
		(2				0.00	0.00	0.00	120.0
	12/05/2022	12/05/2022				0.00	0.00	105.00	105.0
	12/19/2022	12/19/2022				0.00	0.00	1225.00	1225.0
	01/13/2023	01/09/2023				0.00	0.00	105.00	105.0
	01/12/2023	01/04/2023				0.00	0.00	95.00	95.0
	02/20/2023	02/20/2023						295.00	295.0
	03/23/2023	03/23/2023				0.00	0.00	115.00	115.0
	11/07/2022	11/07/2022				0.00	0.00	110.00	110.0
	11/11/2022	11/09/2022				0.00	0.00	975.00	975.0
		09/17/2022				0.00	0.00	90.00	90.0
	04/26/2023	04/26/2023				0.00	0.00	0.00	0.0
	05/11/2023	04/12/2023				0.00	300.00	0.00	300.0
	05/11/2023	05/11/2023				0.00	385.00	0.00	385.0
	05/17/2023	05/17/2023				0.00	300.00	0.00	300.0
	05/25/2023	05/24/2023				0.00	975.00	0.00	975.0
	06/26/2023	06/15/2023				500.00	0.00	0.00	500.0
	00/20/2023	JO/ 13/2023				0.00	0.00	0.00	65.0
	02/23/2023	02/23/2023				0.00	0.00	90.00	90.0
	06/23/2023	06/21/2023				0.00	0.00	0.00	500.0

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Sameh H. Aknouk, Dental Services, PC

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NSURANCE COMPANY/GROUP	PLAN	SERVICE	ONE # PATIENT NAME	GROUP NUM.	BIRTHDAY				
SUBSCRIBER	ASSIGN. OF B	ENEFITS	ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	12/22/2022	12/22/2022							
	04/03/2023	04/03/2023				0.00	0.00	250.00	250.00
	ew York Lo	04/05/2025				0.00	0.00	95.00	95.00
	04/06/2023	04/06/2023				0.00	0.00	115.00	115.00
	n 05/25/2023	05/25/2023				700.00	0.00	0.00	700.00
	06/29/2023	06/28/2023				0.00			02254
	Plan 01/26/2023	01/23/2023				0.00	0.00	0.00	200.00
	02/27/2023	02/25/2023				0.00	0.00	87.00	87.00
						0.00	0.00	132.00	132.00
	03/02/2023	03/02/2023				0.00	0.00	132.00	132.00
	04/13/2023	04/13/2023				0.00	0.00	2925.00	2925.00
	04/03/2023	12/07/2022				0.00	0.00	2925.00	2920.00
	04/03/2023	12/07/2022				0.00	0.00	2900.00	2900.00
	06/21/2023	06/20/2023				0.00	0.00	45.00	45.00 320.00
	04/26/2023	04/26/2023				0.00	0.00	0.00	320.00
	06/12/2023	06/08/2023				0.00	105.00	0.00	105.00
	44/44/2000	(1				105.00	0.00	0.00	105.00
	11/11/2022	10/31/2022				0.00	0.00	115.00	115.00
	11/16/2022	11/14/2022				0.00	0.00	295.00	295.00
		03/27/2023				0.00	0.00	285.00	285.00
	07/18/2023	07/12/2023				0.00	0.00	0.00	230.00
	06/22/2023	06/21/2023				0.00	0.00	0.00	416.00
	05/31/2023	05/31/2023				230.00	0.00	0.00	230.00
	01/19/2023	01/19/2023							
	b	01/30/2023				0.00	0.00	230.00	230.00
	01/30/2023	01/30/2023				0.00	0.00	64.00	64.00
	01/30/2023	01/30/2023				0.00	0.00	500.00	500.00
	01/30/2023	01/30/2023				0.00	0.00	64.00	64.00



Sameh H. Aknouk, Dental Services, PC

Date: 07/20/2023 18 Page: **INSURANCE COMPANY/GROUP PLAN** PHONE # GROUP NUM. SERVICE PATIENT NAME BIRTHDAY ASSIGN. OF BENEFITS CURRENT SUBSCRIBER ID NUM **ESTIMATE** 31-60 61-90 > 90 TOTAL 02/20/2023 02/20/2023 0.00 0.00 500.00 500.00 06/08/202 06/12/2023 64.00 0.00 0.00 64.00 06/21/2023 06/20/2023 0.00 0.00 0.00 295.00 12/01/2022 12/01/2022 0.00 0.00 285.00 285.00 06/29/2023 07/06/2023 0.00 0.00 0.00 230.00 02/27/2023 02/27/2023 0.00 0.00 215.00 215.00 06/29/2023 06/29/2023 0.00 0.00 0.00 105.00 ERS UNION LOCAL 11/10/2022 11/10/2022 0.00 300.00 300.00 0.00 01/16/2023 01/12/2023 0.00 0.00 295.00 295.00 05/17/2023 05/16/2023 0.00 975.00 0.00 975.00 06/15/2023 06/14/2023 105.00 0.00 0.00 105.00 11/09/2022 11/07/2022 0.00 0.00 295.00 295.00 11/11/2022 10/31/2022 0.00 0.00 285.00 285.00 11/16/2022 11/16/2022 0.00 0.00 105.00 105.00 11/16/2022 11/16/2022 0.00 0.00 105.00 105.00 11/16/2022 11/16/2022 0.00 0.00 295.00 295.00 11/17/2022 11/17/2022 0.00 0.00 295.00 295.00 11/21/2022 11/21/2022 0.00 0.00 250.00 250.00 11/21/2022 11/21/2022 0.00 0.00 195.00 195.00 11/21/2022 11/21/2022 0.00 0.00 190.00 190.00 11/28/2022 11/28/2022 295.00 0.00 0.00 295.00 11/30/2022 11/19/2022 0.00 0.00 285.00 285.00 11/30/2022 11/19/2022 0.00 0.00 285.00 285.00 12/12/2022 12/12/2022 0.00 0.00 95.00 95.00 12/14/2022 12/08/2023 0.00 0.00 200.00 200.00 12/15/2022 12/14/2022 0.00 0.00 95.00 95.00 12/15/2022 12/15/2023 105.00 0.00 0.00 105.00 12/19/2022 12/19/2022 0.00 0.00 190.00 190.00

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

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NSURANCE COMPANY/GROU	Committee of the Commit			GROUP NUM.	BIRTHDAY				
SUBSCRIBER	SENT ASSIGN. OF B	SERVICE	PATIENT NAME ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	No. alexander								
	12/19/2022	12/19/2022				0.00	0.00	100.00	100.00
	12/19/2022	12/19/2022				0.00	0.00	200.00	200.00
	12/21/2022	12/21/2022				0.00	0.00	280.00	280.0
	12/21/2022	12/21/2022				0.00	0.00	295.00	295.0
	12/22/2022	12/22/2022				0.00	0.00	90.00	90.0
	01/11/2023	12/29/2022				0.00	0.00	95.00	95.0
	01/11/2023	12/29/2022				0.00	0.00	525.00	525.0
	01/11/2023	12/29/2022				0.00	0.00	295.00	295.0
	01/12/2023	01/04/2023				0.00	0.00	95.00	95.0
	01/12/2023	01/05/2023				0.00	0.00	95.00	95.0
	01/16/2023	01/12/2023				0.00	0.00	115.00	115.0
	01/16/2023	01/12/2023				0.00	0.00	285.00	285.0
	01/16/2023	01/12/2023				0.00	0.00	115.00	115.0
	01/18/2023	01/18/2023							
	01/26/2023	01/25/2023				0.00	0.00	200.00	200.0
	02/20/2023	02/11/2023				0.00	0.00	105.00	105.0
	02/20/2023	02/11/2023				0.00	0.00	90.00	90.0
	03/01/2023	03/01/2023				0.00	0.00	190.00	190.0
	03/23/2023	03/23/202				0.00	0.00	3875.00	3875.0
	03/23/2023	03/23/2023				0.00	0.00	295.00	295.0
	03/27/2023	03/25/202				0.00	0.00	295.00	295.0
	03/27/2023	03/25/202:				0.00	0.00	90.00	90.0
	04/03/2023	04/03/2023				0.00	0.00	95.00	95.0
	04/10/2023	04/10/2023				0.00	0.00	285.00	285.0
	04/24/2023	04/24/2023				0.00	0.00	115.00	115.0
	04/24/2023	04/24/2023				0.00	295.00	0.00	295.0
	05/01/2023	05/01/202				0.00	105.00	0.00	105.0
	05/04/2023	05/04/202				0.00	285.00	0.00	285.0
	05/15/2023	05/13/2023				0.00	3900.00	0.00	3900.0
	05/22/2023	05/22/202				0.00	200.00	0.00	200.0
	03/22/2023	USIZZIZUZ.				195.00	0.00	0.00	195.0



Sameh H. Aknouk, Dental Services, PC

NSURANCE COMPANY/GROU	JP PLAN SENT	SERVICE	ONE # PATIENT NAME	GROUP NUM.	BIRTHDAY				
SUBSCRIBER	ASSIGN. OF E	ENEFITS	ID NUM	ESTIMATE	CURRENT	31-60	61-90	>90	TOTAL
	06/24/2022	06/20/2023							
	06/21/2023	C				0.00	0.00	0.00	390.00
	06/28/2023	06/28/2023				0.00	0.00	0.00	250.00
	06/29/2023	06/24/2023				0.00	0.00	0.00	100.00
	07/07/2023	07/05/2023				0.00	0.00	0.00	190.00
	07/07/2023	07/06/2023				0.00	0.00	0.00	95.00
	07/10/2023	07/08/2023				0.00	0.00	0.00	285.00
	07/12/2023	07/10/2023				0.00	0.00	0.00	285.00
	07/12/2023	07/10/2023				0.00	0.00	0.00	380.00
	07/13/2023	07/10/2023				0.00	0.00	0.00	285.00
	07/18/2023	07/12/2023							
		N				0.00	0.00	0.00	295.00
	11/11/2022	11/11/2022				0.00	0.00	60.00	60.00
	12/14/2022	12/08/2022				0.00	0.00	200.00	200.00
	01/11/2023	12/29/2022				0.00	0.00	95.00	95.00
	FIT 12/14/2022	12/08/2022							
	01/19/2023	01/19/2023				0.00	0.00	200.00	200.00
	03/16/2023	03/16/2023				0.00	0.00	95.00	95.00
	06/22/2023	06/21/2023				0.00	0.00	90.00	90.00
	00/22/2023	00/21/2023				0.00	0.00	0.00	285.00
	03/20/2023	03/20/2023				6.44	4.44		
	South Louis Fall					0.00	0.00	2405.00	2405.00
	01/26/2023	01/26/2023				0.00	0.00	90.00	90.00
	01/30/2023	01/30/2023				0.00	0.00	280.00	280.00
	05/15/2023	05/11/2023				0.00	1175.00	0.00	1175.00
	1 REGIONS 02/27/2023	02/27/2023					0.00	-2159	20020
	02/2/12/20	E				0.00	0.00	100.00	100.00
	04/13/2023	04/13/2023				0.00	0.00	295.00	205.00
	AID ADULT	44/07/0000				0.00	0.00	233.00	295.00
	11/09/2022	11/07/2022				0.00	0.00	95.00	95.00
	05/31/2023	05/30/2023				200.00	0.00	0.00	200.00
	Adult 02/13/2023	02/09/2023				11000			
		1				0.00	0.00	295.00	295.00

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

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INSURANCE COMPANY/GROUP PLAN PHONE # GROUP NUM. SENT SERVICE PATIENT NAME BIRTHDAY SUBSCRIBER **ASSIGN. OF BENEFITS** ID NUM ESTIMATE CURRENT 31-60 61-90 > 90 TOTAL 02/02/2023 02/02/202 0.00 0.00 295.00 295.00 06/19/2023 06/19/202 850.00 0.00 0.00 850.00 07/10/2023 07/06/202 0.00 0.00 0.00 975.00 RS RETIREE 11/21/2022 11/21/202 0.00 0.00 285.00 285.00 12/05/2022 12/03/202 0.00 0.00 230.00 230.00 01/30/2023 01/30/202 200.00 0.00 0.00 200.00 03/22/2023 03/22/202 295.00 0.00 0.00 295.00 04/05/2023 04/05/202 0.00 0.00 285.00 285.00 04/05/202 04/05/2023 0.00 0.00 275.00 275.00 04/20/2023 04/20/202 0.00 0.00 4875.00 4875.00 CARE FAMILY OR 02/16/2023 02/16/202 0.00 0.00 90.00 90.00 03/23/2023 03/23/202 0.00 0.00 90.00 90.00 LY OR COMPOSI 01/11/2023 12/28/202 105.00 0.00 0.00 105.00 11/14/2022 11/14/202 0.00 0.00 105.00 105.00 12/15/2022 12/15/202 195.00 0.00 0.00 195.00 02/02/2023 02/02/202 0.00 0.00 95.00 95.00 03/27/2023 03/27/202 0.00 0.00 105.00 105.00 12/14/2022 12/08/202 0.00 0.00 200.00 200.00 02/08/2023 02/08/202 0.00 0.00 105.00 105.00 04/10/2023 04/08/202 0.00 0.00 185.00 185.00 04/18/202 04/19/2023 0.00 0.00 105.00 105.00 05/22/2023 05/22/202 285.00 0.00 0.00 285.00 11/17/2022 11/17/202 0.00 0.00 295.00 295.00 01/26/2023 01/23/202 0.00 0.00 105.00 105.00 06/05/2023 06/05/202 95.00 0.00 0.00 95.00 07/10/2023 07/06/202 0.00 0.00 0.00 285.00



Sameh H. Aknouk, Dental Services, PC

ISURANCE COMPANY/GROU	IP PLAN SENT	SERVICE	ONE # GF	ROUP NUM.	BIRTHDAY				
SUBSCRIBER	ASSIGN. OF B			ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	DICAID ADU								
	02/01/2023	C. 10 . C. 10 . C				0.00	0.00	105.00	105.00
	02/27/2023	02/27/2023				0.00	0.00	295.00	295.00
	03/13/2023	03/13/2023				0.00	0.00	105.00	105.00
	03/13/2023	03/13/2023				0.00	0.00	285.00	285.00
	03/16/2023	03/16/2023				0.00	0.00	105.00	105.00
	04/19/2023	04/17/2023				0.00	0.00	150.00	150.00
	04/19/2023	04/17/2023				0.00	0.00	150.00	150.00
	05/15/2023	05/15/2023				0.00	285.00	0.00	285.00
	02/09/2023	02/09/2023							
	p Medicare					0.00	0.00	190.00	190.00
	12/19/2022	12/19/2022				0.00	0.00	295.00	295.00
	01/26/2023	01/25/2023				0.00	0.00	115.00	115.00
	01/30/2023	01/30/2023				0.00	0.00	105.00	105.00
	12/01/2022	12/01/2022							
	12/12/2022	12/07/2022				0.00	0.00	105.00	105.00
	12/12/2022	12/12/2022				0.00	0.00	1950.00	1950.00
	No 12/19/2022					0.00	0.00	190.00	190.00
	02/01/2023	02/01/2023				0.00	0.00	290.00	290.00
	03/02/2023	03/02/2023				0.00	0.00	105.00	105.00
	06/05/2023	06/05/2023				0.00	0.00	190.00	190.00
	50/50/2525	GOTOGIZOZE				200.00	0.00	0.00	200.00
	05/15/2023	05/15/2023				0.00	105.00	0.00	105.00
	DICAID	11/10/2022				0.00	103.00	0.00	105.00
	11/10/2022	11/10/2022				0.00	0.00	190.00	190.00
	11/11/2022	11/09/2022				0.00	0.00	90.00	90.00
	11/11/2022	11/09/2022				0.00	0.00	100.00	100.00
	01/13/2023	01/11/2023				0.00	0.00	295.00	295.00
	01/30/2023	01/28/2023				0.00	0.00	190.00	190.00
	01/30/2023	01/28/2023				0.00	0.00	190.00	190.00
	01/30/2023	01/28/2023				0.00	0.00	90.00	90.00
	02/20/2023	02/20/2023				0.00	0.00	90.00	90.00

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

ISURANCE COMPANY/GROU	IP PLAN SENT	SERVICE	PATIENT NAME	GROUP NUM.	BIRTHDAY				
SUBSCRIBER	ASSIGN. OF B	ENEFITS	ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	DICAID 02/20/2023	02/20/2023							
	04/12/2023	04/12/2023				0.00	0.00	295.00	295.0
	04/24/2023	04/24/2023				0.00	0.00	150.00	150.0
	04/26/2023	04/26/2023				0.00	130.00	0.00	130.0
	05/01/2023	05/01/2023				0.00	95.00	0.00	95.0
	05/15/2023	05/15/2023				0.00	150.00	0.00	150.0
						0.00	230.00	0.00	230.0
	05/18/2023	05/18/2023				0.00	105.00	0.00	105.0
	05/22/2023	05/22/2023				195.00	0.00	0.00	195.0
	05/22/2023	05/18/2023				285.00	0.00	0.00	285.0
	05/25/2023	05/25/2023				285.00	0.00	0.00	285.0
	05/31/2023	05/31/2023				315.00	0.00	0.00	315.0
	06/27/2023	06/26/2023				0.00	0.00	0.00	315.0
	03/20/2023	03/20/2023				A	0.00	1000	****
	03/21/2023	03/20/2023				0.00	0.00	190.00	190,0
	05/25/2023	05/25/2023				0.00	0.00	200.00	200.0
	05/31/2023	05/25/2023				285.00	0.00	0.00	285.0
	MEDICARE 11/11/2022	11/09/2022				285.00	0.00	0.00	285.0
	11/14/2022	11/14/2022				0.00	0.00	200.00	200.0
	03/08/2023	03/08/2023				0.00	0.00	105.00	105.0
	03/09/2023	03/09/2023				0.00	0.00	150.00	150.0
	04/10/2023					0.00	0.00	1100.00	1100.0
	04/20/2023	04/20/2023				0.00	0.00	285.00	285.0
	05/17/2023					0.00	0.00	240.00	240.0
	05/31/2023					0.00	1950.00	0.00	1950.0
	06/29/2023					190.00	0.00	0.00	190.0
	MEDICARE	AC 327 TO				0.00	0.00	0.00	95.0
		05/24/2023				000.05	242	444	4414
	WORKERS 03/13/2023	OF AMER 03/13/2023				230.00	0.00	0.00	230.0
	ON OF OPER 11/30/2022	RATI 11/19/2022				0.00	0.00	295.00	295.0
	11/30/2022	1111312022				0.00	0.00	185.00	185.0



Sameh H. Aknouk, Dental Services, PC

SURANCE COMPANY/GROU SUBSCRIBER	P PLAN SENT ASSIGN. OF E	SERVICE	PATIENT NAME ID NUM	ESTIMATE	BIRTHDAY	31-60	61-90	> 90	TOTAL
	ON OF OPER	RATI							
	07/07/2023	07/05/202				0.00	0.00	0.00	105.00
	07/12/2023	07/12/202				0.00	0.00	0.00	85.00
	07/12/2023	07/10/202				0.00	0.00	0.00	150.00
	11/10/2022	11/10/202				0.00	0.00	200.00	200.00
	11/21/2022	11/21/202				0.00	0.00	200.00	200.00
	11/21/2022	11/10/202				0.00	0.00	850.00	850.00
	12/14/2022	12/08/202				0.00	0.00	85.00	85.00
	12/22/2022	12/22/202				0.00	0.00	3100.00	3100.00
	01/12/2023	01/05/202				0.00	0.00	295.00	295.00
						0.00	0.00	100.00	100.00
	02/27/2023	02/27/202				0.00	0.00	190.00	190.00
	04/06/2023	04/06/202				0.00	0.00	285.00	285.0
	04/19/2023	04/19/202				0.00	0.00	205.00	285.0
	05/03/2023	05/03/202						285.00	350,1
	06/05/2023	06/05/202				0.00	105.00	0.00	105.00
	06/12/2023	06/12/202					0.00	0.00	230.00
	11/16/2022	FU 11/16/202:				240.00	0.00	0.00	240.00
	01/30/2023	01/28/202				0.00	0.00	150.00	150.00
	02/15/2023	02/15/202				0.00	0.00	170.00	170.00
	02/27/2023	02/25/202				0.00	0.00	105.00	105.00
	02/27/2023	02/27/202				0.00	0.00	90.00	90.00
	05/15/2023	05/15/202				0.00	0.00	105.00	105.00
	05/25/2023	05/25/202				0.00	295.00	0.00	295.00
	07/07/2023	07/07/202				230.00	0.00	0.00	230.00
	07/07/2023	07/06/202				0.00	0.00	0.00	120.00
	AL BENEFIT	FUN				0.00	0.00	0.00	90.00
	01/11/2023	12/29/202				0.00	0.00	105.00	105.00
	01/12/2023	01/04/202				0.00	0.00	850.00	850.00
	01/13/2023	01/11/202				0.00	0.00	295.00	295.00

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

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SURANCE COMPANY/GROUP SUBSCRIBER	PLAN SENT ASSIGN. OF B	SERVICE	ONE # PATIENT NAME ID NUM	GROUP NUM. ESTIMATE	BIRTHDAY CURRENT	31-60	61-90	> 90	TOTAL
	T. Severe								
	02/08/2023	02/08/2023					4.46		2400.00
	02/16/2023	02/16/2023				0.00	0.00	3100.00	3100.00
	02/20/2023	02/11/2023				0.00	0.00	105.00	105.00
	02/27/2023	02/27/2023				0.00	0.00	190.00	190.00
	03/21/2023	02/20/2023				0.00	0.00	190.00	190.00
	03/22/2023	03/22/2023				0.00	0.00	230.00	230.00
	04/10/2023	04/08/2023				0.00	0.00	200.00	200.00
	04/10/2023	04/10/2023				0.00	0.00	285.00	285.00
	04/12/2023	04/12/2023				0.00	0.00	285.00	285.0
	04/26/2023	04/26/2023				0.00	0.00	190.00	190.00
	05/11/2023	05/11/2023				0.00	230.00	0.00	230.0
						0.00	285.00	0.00	285.0
	05/25/2023	05/24/2023				105.00	0.00	0.00	105.0
	05/25/2023	05/25/2023				95.00	0.00	0.00	95.0
	06/12/2023	06/12/2023				85.00	0.00	0.00	85.0
	06/15/2023	06/14/2023				95.00	0.00	0.00	95.0
	06/27/2023 No	Martin Company of the American				0.00	0.00	0.00	285.00
	07/07/2023	07/05/2023				0.00	0.00	0.00	975.0
	07/10/2023	07/06/2023				0.00	0.00	0.00	285.00
	11/21/2022	ES 11/17/2022				1			
	12/05/2022					0.00	0.00	115.00	115.0
	12/14/2022	12/08/2022				0.00	0.00	295.00	295.0
		12/08/2022				0.00	0.00	190.00	190.0
	12/14/2022	100 CALLED				0.00	0.00	690.00	690.0
	12/21/2022	12/21/2022				0.00	0.00	100.00	100.0
	02/09/2023	02/09/2023				0.00	0.00	105.00	105.0
	02/09/2023	02/09/2023				0.00	0.00	850.00	850.0
	04/13/2023	04/13/2023				0.00	0.00	3900.00	3900.0
	05/15/2023	05/11/2023				0.00	190.00	0.00	190.00
	05/17/2023	05/17/2023				0.00	230.00	0.00	230.0
	05/17/2023	05/17/2023				0.00	105.00	0.00	105.0
	06/12/2023	06/10/2023				2900.00	0.00	0.00	2900.00



DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

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SURANCE COMPANY/GROU	IP PLAN SENT	SERVICE	ONE # PATIENT NAME	GROUP NUM.	BIRTHDAY				
SUBSCRIBER	ASSIGN. OF B		ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	EMPLOYE	T. S.							
	06/23/2023	06/22/2023				0.00	0.00	0.00	405.0
	07/10/2023	07/08/2023				0.00	0.00	0.00	95.0
	UND FULL 05/11/2023	STATE OF STREET				5.74			
	UND FULL	TIM				0.00	285.00	0.00	285.0
	11/09/2022	11/07/2022				0.00	0.00	295.00	295.0
	12/22/2022	12/22/2022				0.00	0.00	190.00	190.0
	12/22/2022	12/22/2022				0.00	0.00	295.00	295.0
	01/12/2023	01/04/202				0.00	0.00	295.00	295.0
	01/13/2023	01/09/202				0.00	0.00	200.00	200.0
	02/09/2023	02/09/2023				0.00	0.00	285.00	285.0
	02/16/2023	02/16/202				2.96		295.00	
	04/19/2023	04/19/2023				0.00	0.00		295.0
	04/26/2023	04/26/202				0.00	0.00	295.00	295.0
	04/26/2023	04/25/2023				0.00	975.00	0.00	975.0
	06/01/2023	06/01/2023				0.00	3900.00	0.00	3900.0
	06/07/2023	06/07/202				285.00	0.00	0.00	285.0
						230.00	0.00	0.00	230.0
	11/11/2022	11/09/2022				0.00	0.00	2150.00	2150.0
	06/27/2023	06/26/2023							
	ID CARE - N	ILTC				0.00	0.00	0.00	285.0
	06/07/2023	06/07/2023				105.00	0.00	0.00	105.0
	CORP 11/16/2022	11/16/2022				44400	676		
						0.00	0.00	295.00	295.0
	01/18/2023	01/18/2023				0.00	0.00	295.00	295.0
	n Local 11/21/2022	11/21/2022				3.00	2.00		200.0
	03/23/2023					0.00	0.00	295.00	295.0
	La a la chea la	W-1				0.00	0.00	295.00	295.0
	01/26/2023					0.00	0.00	1100.00	4400
	04/06/2023	04/06/2023				0.00	0.00	1105.00	1105.0
	IS LOCAL					0.00	0.00	1950.00	1950.0
	04/12/2023	04/12/2023				0.00	0.00	190.00	190.0



DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

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NSURANCE COMPANY/GROU	SENT	SERVICE	PATIENT NAME	ROUP NUM.	BIRTHDAY				
SUBSCRIBER	ASSIGN. OF B	ENEFITS	ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	RS LOCAL 1								
		05/01/2023				0.00	95.00	0.00	95.00
	07/10/2023	06/29/2023				0.00	0.00	0.00	180.00
	RS UNION LO 03/23/2023	03/23/202:							
	04/24/2023	04/24/2023				0.00	0.00	115.00	115.00
	04/26/2023	04/26/2023				0.00	100.00	0.00	100.00
	05/15/2023	05/11/2023				0.00	230.00	0.00	230.0
	05/17/2023					0.00	285.00	0.00	285.00
		05/17/2023				0.00	285.00	0.00	285.00
	05/31/2023	05/27/202:				140.00	0.00	0.00	140.0
	05/31/2023	05/27/2023				140.00	0.00	0.00	140.00
	06/05/2023	06/05/202:				295.00	0.00	0.00	295.0
	06/05/2023	06/05/202:				1950.00	0.00	0.00	1950.0
	RS UNION LO 11/16/2022					1 5000			0.5 (2.1)
	01/12/2023	01/04/202				0.00	0.00	100.00	100.0
	02/13/2023	02/13/202:				0.00	0.00	1270.00	1270.0
	02/23/2023	02/23/2023				0.00	0.00	105.00	105.00
	02/23/2023	02/23/202:				0.00	0.00	500.00	500.0
						0.00	0.00	190.00	190.00
	03/27/2023	03/25/202:				0.00	0.00	95.00	95.0
	04/10/2023	04/08/202				0.00	0.00	95.00	95.00
	04/27/2023	04/27/202				0.00	105.00	0.00	105.0
	05/01/2023	05/01/202:				0.00	150.00	0.00	150.0
	05/17/2023	05/17/202:				0.00	285.00	0.00	285.0
	RS UNION LO 11/14/2022					20.5.5	7620152	2123	-92572
	12/15/2022					0.00	0.00	115.00	115.0
	01/16/2023	200				0.00	0.00	105.00	105.0
	6					0.00	0.00	200.00	200.0
	05/25/2023	05/25/202:				200.00	0.00	0.00	200.0
	07/12/2023	07/10/202:				0.00	0.00	0.00	230.00
	11/28/2022	11/28/2022							
	12/19/2022					0.00	0.00	105.00	105.00
						0.00	0.00	1950.00	1950.00

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

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NSURANCE COMPANY/GROUP	PLAN SENT	SERVICE	ONE # PATIENT NAME	GROUP NUM.	BIRTHDAY				
SUBSCRIBER	ASSIGN. OF B		ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	12/19/2022	12/19/2022				0.00	0.00	95.00	95.00
	02/27/2023	02/27/2023				0.00	0.00	285.00	285.00
	12/15/2022	12/14/2022							
	06/15/2023	06/14/2023				0.00	0.00	285.00	285.00
	OF TEACHE 04/26/2023	RS 04/25/2023				285.00	0.00	0.00	285.0
	05/01/2023	05/01/2023				0.00	190.00	0.00	190.0
	05/08/2023	05/08/2023				0.00	150.00	0.00	150.0
	03/06/2023	03/06/2023				0.00	95.00	0.00	95.0
	01/11/2023	12/28/2022				0.00	0.00	105.00	105.0
	01/18/2023	01/18/2023				0.00	0.00	105.00	105.0
	02/08/2023	02/08/2023				0.00	0.00	2150.00	2150.0
	JND 11/10/2022	11/10/2022				4.12.5	6023	0.000	2010
	12/19/2022	12/17/2022				0.00	0.00	200.00	200.0
						0.00	0.00	2925.00	2925.0
	11/14/2022	11/14/2022				0.00	0.00	90.00	90.0
	01/12/2023	01/04/2023				0.00	0.00	295.00	295.0
	11/07/2022	11/07/2022				14.82	5.50	202.50	
	11/07/2022	11/07/2022				0.00	0.00	295.00	295.0
	12/19/2022	12/19/2022				0.00	0.00	295.00	295.0
	02/08/2023	02/08/2023				0.00	0.00	1950.00	1950.0
	02/15/2023	02/15/2023				0.00	0.00	195.00	195.0
	05/10/2023	03/09/2023				0.00	0.00	105.00	105.0
	06/07/2023	06/07/2023				0.00	115.00	0.00	115.0
	********	******				295.00	0.00	0.00	295.0
	11/09/2022	11/07/2022				0.00	0.00	295.00	295.0
	12/05/2022	12/05/2022				0.00	0.00	2925.00	2925.0
	06/20/2023	06/19/2023				0.00	0.00	0.00	255.0
	06/28/2023	06/28/2023				0.00	0.00	0.00	105.0
	D 06/20/2023	(8 06/19/2023				2.50	2.01	2.50	210.0
						0.00	0.00	0.00	255.0



DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

07/20/2023 29 Date: Page: INSURANCE COMPANY/ GROUPPLAN PHONE # GROUP NUM. SERVICE BIRTHDAY SENT PATIENT NAME SUBSCRIBER ASSIGN. OF BENEFITS ID NUM **ESTIMATE** CURRENT 31-60 61-90 TOTAL > 90 01/11/2023 12/29/20 0.00 0.00 295.00 295.00 04/06/2023 04/06/202 0.00 0.00 2925.00 2925.00 05/24/20 05/25/2023 0.00 325.00 0.00 325.00 06/07/2023 06/05/20 95.00 0.00 0.00 95.00 06/08/20 06/12/2023 135.00 0.00 135.00 0.00 thPlus Sele 05/17/2023 05/17/20 0.00 285.00 0.00 285.00 05/17/2023 05/17/20 0.00 100.00 0.00 100.00 06/15/2023 06/15/20 240.00 0.00 0.00 240.00 06/21/2023 06/20/20 0.00 0.00 0.00 410.00 06/22/2023 06/21/20 0.00 1950.00 0.00 0.00 06/23/2023 06/22/20 0.00 0.00 0.00 230.00 06/29/2023 06/24/20 0.00 0.00 0.00 295.00 06/29/2023 06/24/20 0.00 0.00 0.00 225.00 06/29/2023 06/24/20 0.00 0.00 0.00 265.00 06/15/2023 06/14/20 95.00 0.00 0.00 95.00 04/20/2023 04/20/20 0.00 0.00 190.00 190.00 06/12/2023 06/12/20 105.00 0.00 0.00 105.00 06/28/2023 06/28/20 0.00 0.00 0.00 85.00 06/28/2023 06/28/20 0.00 0.00 0.00 285.00 12/05/2022 12/03/20 0.00 0.00 295.00 295.00 12/22/2022 12/22/20 0.00 0.00 295.00 295.00 05/10/2023 05/10/20 0.00 1950.00 0.00 1950.00 05/11/2023 05/11/20 0.00 500.00 0.00 500.00 05/31/2023 05/31/20 2350.00 2350.00 0.00 0.00 07/13/2023 07/13/20 0.00 0.00 0.00 5800.00 11/10/2022 11/10/20 0.00 0.00 295.00 295.00 11/14/2022 11/14/20 0.00 0.00 355.00 355.00

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

Date:

07/20/2023

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NSURANCE COMPANY/GROU				GROUP NUM.	DIDTURAN				
SUBSCRIBER	SENT ASSIGN. OF E	SERVICE	PATIENT NAME ID NUM	ESTIMATE	BIRTHDAY	31-60	61-90	> 90	TOTAL
	110,000,00								
	11/14/2022	11/14/2022				0.00	0.00	105.00	105.00
	11/16/2022	11/16/2022				0.00	0.00	150.00	150.0
	11/21/2022	11/17/2022				0.00	0.00	295.00	295.0
	11/30/2022	11/30/2022				0.00	0.00	115.00	115.0
	11/30/2022	11/19/2022				0.00	0.00	2925.00	2925.0
	12/01/2022	11/23/2022				0.00	0.00	285.00	285.0
	12/05/2022	12/03/2022				0.00	0.00	3900.00	3900.0
	12/07/2022	12/07/2022				0.00	0.00	115.00	115.0
	12/07/2022	12/07/2022				0.00	0.00	450.00	450.0
	12/14/2022	12/08/2022				0.00	0.00	4075.00	4075.0
	12/19/2022	12/17/2022				0.00	0.00	100.00	100.0
	12/19/2022	12/17/2022				0.00	0.00	135.00	135.0
	12/22/2022	12/22/2022				0.00	0.00	90.00	100
	01/11/2023	12/28/2022							90.0
	01/12/2023	01/02/2023				0.00	0.00	560.00	560.0
	02/01/2023	01/19/2023				0.00	0.00	2995.00	2995.0
	02/09/2023	02/09/2023				0.00	0.00	975.00	975.0
	02/27/2023	02/27/2023				0.00	0.00	150.00	150.0
	03/06/2023	03/02/2023				0.00	0.00	950.00	950.0
	05/08/2023	05/08/2023				0.00	0.00	190.00	190.0
	05/15/2023	05/15/2023				0.00	285.00	0.00	285.0
	06/05/2023	06/05/2023				0.00	75.00	0.00	75.0
	06/15/2023	06/13/2023				75.00	0.00	0.00	75.0
	06/19/2023	06/19/2023				185.00	0.00	0.00	185.0
	06/19/2023	06/19/2023				500.00	0.00	0.00	500.0
	06/29/2023	06/26/2023				75.00	0.00	0.00	75.0
	06/29/2023	06/27/2023				0.00	0.00	0.00	49.0
	07/10/2023	07/05/2023				0.00	0.00	0.00	24.0
	07/10/2023	07/06/2023				0.00	0.00	0.00	27.0
	07/17/2023	07/12/2023				0.00	0.00	0.00	25.0
	0111112023	UTITETEUES				0.00	0.00	0.00	25.0

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

Date: 07/20/2023 Page: 31

NSURANCE COMPANY/GROU	JP PLAN SENT	SERVICE	ONE # PATIENT NAME	GROUP NUM.	BIRTHDAY				
SUBSCRIBER	ASSIGN. OF B		ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	07/18/2023	07/12/202				0.00	0.00	0.00	10.00
	07/10/2023	07/05/202				2.22		222	
						0.00	0.00	0.00	105.00
	03/30/2023	03/30/202				0.00	0.00	285.00	285.00
	05/08/2023	05/08/202				0.00	****	0.00	240.00
	06/15/2023	06/14/202				0.00	210.00	0.00	210.00
	07/07/2023	06/29/202				0.00	0.00	0.00	130.00
	RANCE 05/31/2023	05/27/202				0.00	0.00	0.00	109.00
	05/31/2023	05/27/202				40.00	0.00	0.00	40.0
	05/31/2023	05/27/202				40.00	0.00	0.00	40.00
	05/31/2023	05/27/202				95.00	0.00	0.00	95.0
	00/3/1/2020	00/21/202				95.00	0.00	0.00	95.0
	11/28/2022	11/28/202				0.00	0.00	295.00	295.0
	02/13/2023	02/13/202							
	04/19/2023	04/17/202				0.00	0.00	106.00	106.0
	05/25/2023	05/24/202				0.00	0.00	150.00	150.0
	120000					169.00	0.00	0.00	169.0
	11/17/2022	11/16/202				0.00	0.00	315.00	315.0
	07/07/2023	07/05/202				14728	00000		5,875
	44/44/2000					0.00	0.00	0.00	190.0
	11/14/2022	11/14/2022				0.00	0.00	295.00	295.0
	12/01/2022	12/01/202				0.00	0.00	2925.00	2925.0
	12/12/2022					0.00	0.00	190.00	190.0
	01/13/2023	12/14/202				0.00	0.00	295.00	295.0
	01/19/2023					0.00	0.00	105.00	105.0
	01/30/2023	01/18/202				0.00	0.00	295.00	295.0
	01/30/2023	01/30/202				0.00	0.00	105.00	105.00
						0.00	0.00	105.00	105.0
	02/01/2023	02/01/202				0.00	0.00	295.00	295.00
	02/20/2023	02/11/2023				0.00	0.00	190.00	190.00

DENTAL INSURANCE CLAIM AGING REPORT

Sameh H. Aknouk, Dental Services, PC

Date: 07/20/2023

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NSURANCE COMPANY/GROUP	SENT	SERVICE	ONE # PATIENT NAME	GROUP NUM.	BIRTHDAY				
SUBSCRIBER	ASSIGN. OF B		ID NUM	ESTIMATE	CURRENT	31-60	61-90	> 90	TOTAL
	04/19/2023	04/19/2023							
	05/15/2023	05/11/2023				0.00	0.00	105.00	105.0
	05/15/2023	05/15/2023				0.00	285.00	0.00	285.0
	05/25/2023	05/25/2023				0.00	105.00	0.00	105.0
						285.00	0.00	0.00	285.0
	06/12/2023	06/08/2023				105.00	0.00	0.00	105.0
	01/11/2023	12/28/2022					4/44	22/22	22.2
	02/09/2023	02/09/2023				0.00	0.00	90.00	90.0
	03/16/2023	03/16/2023				0.00	0.00	295.00	295.0
	06/07/2023	06/05/2023				0.00	0.00	285.00	285.0
						285.00	0.00	0.00	285.0
	04/24/2023	04/22/2023				0.00	190.00	0.00	190.0
	05/15/2023	05/15/2023				0.00	105.00	0.00	105.0
	05/11/2023	05/11/2023				0.00	850.00	0.00	850.0
	05/17/2023	05/16/2023				0.00	000000	0.00	
	Ny 05/17/2023					0.00	3300.00	0.00	3300.0
	05/25/2023	05/25/2023				0.00	130.00	0.00	130.0
	No	(8				315.00	0.00	0.00	315.0
	05/04/2023	05/04/2023				0.00	115.00	0.00	115.0
	05/17/2023	05/17/2023				0.00	285.00	0.00	285.0
	07/10/2023 No	07/06/2023				0.00	0.00	0.00	255.0
	07/10/2023 No	07/06/2023				0.00	0.00	0.00	255.0
		(8				5.00	3.00	0.00	200.0
	07/13/2023					0.00	0.00	0.00	150.0
	06/05/2023	(7 06/05/2023					0.00	0.00	67.0

	ESTIMATE	CURRENT	31 - 60	61 - 90	OVER 90	TOTAL
PRIMARY CLAIM TOTALS:	310449.95	64828.50	59932.00	56952.00	208194.50	389907.00
SECONDARY CLAIM TOTALS:	0.00	0.00	975.00	0.00	0.00	975.00
TOTALS ALL CLAIMS:	310449.95	64828.50	60907.00	56952.00	208194.50	390882.00

^{*} A partially paid claim

Sameh Aknouk DDS

Profit and Loss

June 2023

	TOTAL
Income	
Credit Card Income	46,401.20
Fee for Service Income	41,819.73
Miscellaneous Income	30,840.18
Patient Refunds	-1,335.00
Total Income	\$117,726.11
Cost of Goods Sold	
Dental Supplies	18,502.21
Lab Fees	7,198.00
Total Cost of Goods Sold	\$25,700.21
GROSS PROFIT	\$92,025.90
Expenses	
Advertising Expenses	425.74
Auto Expenses	198.95
Auto Lease Expenses	2,381.88
Bank Charges	303.13
Computer & Software Expense	5,639.89
Credit Card Processing Fees	895.58
Insurance Expenses	6,177.59
Legal & Professional Fees	1,000.00
Office Cleaning	1,574.04
Office Expenses	569.10
Outside Services	18,889.00
Payroll Expenses	21,870.95
Payroll Processing Fees	690.46
Payroll Tax Expenses	8,898.22
Rent Expense	8,588.52
Repairs & Maintenance	600.00
Travel Expense	1,343.65
Total Expenses	\$80,046.70
NET OPERATING INCOME	\$11,979.20
NET INCOME	\$11,979.20

Sameh Aknouk DDS

Balance Sheet

As of June 30, 2023

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
CHASE BUS PREM SAV (0152) - 1	0.00
Debtor In Poss (*8555) - 3	-3,702.26
Operating (*8553) - 3	104,805.70
PERFBUS CHK (9262) - 1	24,585.35
Total Bank Accounts	\$125,688.79
Total Current Assets	\$125,688.79
TOTAL ASSETS	\$125,688.79
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Business Platinum Card® (5002) - 2	18,736.89
Total Credit Cards	\$18,736.89
Other Current Liabilities	
Loans from 853 Smile Dental	3,300.00
Loans from Officers	130,053.21
Total Other Current Liabilities	\$133,353.21
Total Current Liabilities	\$152,090.10
Long-Term Liabilities	
SBA Loan Payable	147,033.00
Total Long-Term Liabilities	\$147,033.00
Total Liabilities	\$299,123.10
Equity	
Opening Balance Equity	61,346.66
Retained Earnings	-325,406.47
Net Income	90,625.50
Total Equity	\$ -173,434.31
TOTAL LIABILITIES AND EQUITY	\$125,688.79



898 Veterans Memorial Highway Suite 560 Hauppauge, NY 11788

SAMEH H AKNOUK DENTAL SERVICES PC DEBTOR IN POSSESSION 1 ALLEY POND CT HUNTINGTON STATION NY 11746-5874

Statement Ending 06/30/2023

SAMEH H AKNOUK DENTAL

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Account Number: XXXXXXX8555

Managing Your Accounts

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Branch Name

Ronkonkoma/Airport

1-631-940-1470

Branch Number

4155 Vets Highway Suites

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Mailing Address

1&2 Ronkonkoma, NY 11779

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dime.com/creditcard-biz

Summary of Accounts

Account Type Account Number Ending Balance

Debtor In Possession XXXXXX8555 -\$3,702,26

Debtor In Possession-XXXXXX8555

Account Summary

 Date
 Description
 Amount

 06/01/2023
 Beginning Balance
 \$3,168.55

 2 Credit(s) This Period
 \$25,000.00

22 Debit(s) This Period \$31,870.81

Ending Balance -\$3,702.26

Electronic Credits

06/30/2023

 Date
 Description
 Amount

 06/08/2023
 Transfer from CK 8553
 \$15,000.00

 06/17/2023
 Transfer from CK 8553
 \$10,000.00

Electronic Debits

Date	Description	Amount
06/02/2023	ADP PAYROLL FEES ADP FEES 799088527274	\$139,32
06/07/2023	ADP PAY-BY-PAY PAY-BY-PAY 931428846782EVO	\$65.28
06/07/2023	ADP Tax ADP Tax RXEVO 060723A01	\$2,265.13
06/07/2023	ADP WAGE PAY WAGE PAY 931428846781EVO	\$5,636.29
06/09/2023	ADP PAYROLL FEES ADP FEES 442568648959	\$139.32
06/14/2023	ADP PAY-BY-PAY PAY-BY-PAY 465067202781EVO	\$66.89
06/14/2023	ADP Tax ADP Tax RXEVO 061424A01	\$2,311.98
06/14/2023	ADP WAGE PAY WAGE PAY 465067202780EVO	\$5,747.40
06/16/2023	ADP PAYROLL FEES ADP FEES 926128578228	\$139.32
06/21/2023	ADP PAY-BY-PAY PAY-BY-PAY 385089864383EVO	\$57.42





Please examine your account statement promptly and report any inaccuracy as soon as possible. The Uniform Commercial Code requires you to promptly notify us of any unauthorized signature or alteration on your checks.

DIRECT DEPOSITS

If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at 800-321-DIME (3463) to find out whether or not the deposit has been made. You may also review your account activity online or via mobile banking.

FOR CONSUMER ACCOUNTS ONLY IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone or write us at the telephone number or address located on the front of this statement, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number (if any).
- Describe the error or transfer that you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

FOR CONSUMER ACCOUNTS ONLY NONSUFFICIENT FUNDS (NSF) FEES-

If an item drafted by you (such as a check) or a transaction you set up (such as a preauthorized transfer) is presented for payment in an amount that is more than the amount of money available in your account, and we decide not to pay the item or transaction, you agree that we can charge you an NSF fee for returning the payment. Be aware that such an item or payment may be presented multiple times (representment) and we do not control the number of times a transaction is presented for payment. We will attempt to not charge you, or alternatively reimburse such fees where we can determine the item or payment is a representment. If you locate a representment NSF fee that has not been reimbursed, please contact your branch at the number on your statement to obtain a refund.

LOAN ACCOUNT SUMMARY OF RIGHTS

This is a summary of your rights, a full statement of your rights and responsibilities under the federal Fair Credit Billing Act will be sent to you upon request or in response to a billing error notice.

BILLING RIGHTS SUMMARY - HOME EQUITY PLANS In Case of Errors or Questions About Your Bill

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address shown on your bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

BILLING RIGHTS SUMMARY – ALL OPEN-END CREDIT PLANS OTHER THAN HOME EQUITY PLANS

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at:

Dime Community Bank
898 Veterans Memorial Highway, Suite 560
Hauppauge, New York 11788

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

PAYMENT INFORMATION

We figure the finance charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new purchases, advances and/or fees, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance



Statement Ending 06/30/2023

SAMEH H AKNOUK DENTAL
Account Number: XXXXXX8555

Page 3 of 4

Debtor In Possession-XXXXXXX8555 (continued)

Date	Description	Amount
06/21/2023	ADP Tax ADP Tax RXEVO 062125A01	\$2,089.13
06/21/2023	ADP WAGE PAY WAGE PAY 385089864382EVO	\$5,035.36
06/23/2023	ADP PAYROLL FEES ADP FEES 925828769546	\$139.32
06/27/2023	ADP PAY-BY-PAY PAY-BY-PAY 944325971482EVO	\$48.46
06/27/2023	ADP Tax ADP Tax RXEVO 062826A01	\$2,231.98
06/27/2023	ADP WAGE PAY WAGE PAY 944325971481EVO	\$5,451,90
06/30/2023	ADP PAYROLL FEES ADP FEES 407555246333	\$133.18

Other Debits

Date	Description	Amount
06/08/2023	CHK# 00 AMT \$5,636.29, NSF Paid Fee	\$35.00
06/28/2023	CHK# 00 AMT \$5,451,90, NSF Paid Fee	\$35.00
06/29/2023	DEFICIT BALANCE FEE	\$1.51
06/30/2023	SERVICE CHARGE	\$100.00
06/30/2023	DEFICIT BALANCE FEE	\$1,62

Daily Balances

Date	Amount	Date	Amount	Date	Amount
06/02/2023	\$3,029,23	06/16/2023	\$1,622,62	06/28/2023	-\$3,465.95
06/07/2023	-\$4,937.47	06/17/2023	\$11,622.62	06/29/2023	-\$3,467.46
06/08/2023	\$10,027.53	06/21/2023	\$4,440.71	06/30/2023	-\$3,702.26
06/09/2023	\$9,888.21	06/23/2023	\$4,301.39		
06/14/2023	\$1,761.94	06/27/2023	-\$3,430.95		

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$73.13	\$73.13
Total Returned Item Fees	\$0.00	\$0.00

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898 Veterans Memorial Highway Suite 560 Hauppauge, NY 11788

SAMEH H AKNOUK DENTAL SERVICES PC DEBTOR IN POSSESSION 1 ALLEY POND CT HUNTINGTON STATION NY 11746-5874

Statement Ending 06/30/2023

SAMEH H AKNOUK DENTAL

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Account Number: XXXXXX8553

Managing Your Accounts

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Branch Name

Ronkonkoma/Airport

Branch Number

1-631-940-1470

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Mailing Address

4155 Vets Highway Suites 1&2 Ronkonkoma, NY 11779

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Summary of Accounts

Account Type Account Number Ending Balance

Debtor In Possession XXXXXX8553 \$104.805.70

Debtor In Possession-XXXXXX8553

Account Summary

 Date
 Description
 Amount

 06/01/2023
 Beginning Balance
 \$83,532.92

 39 Credit(s) This Period
 \$112,792.39

 79 Debit(s) This Period
 \$91,519.61

 06/30/2023
 Ending Balance
 \$104,805.70

Deposits

Date	Description	Amount
06/01/2023	DEPOSIT	\$9,498.34
06/12/2023	DEPOSIT	\$9,949.58
06/20/2023	DEPOSIT	\$10,261.64
06/22/2023	DEPOSIT	\$5,820.70

Electronic Credits

Date	Description		Amount
06/01/2023	BKCD PROCESSING DEPOSIT	212	\$900.00
06/02/2023	BKCD PROCESSING DEPOSIT	212	\$420.00
06/02/2023	BKCD PROCESSING DEPOSIT	212	\$6,292.50
06/05/2023	SYNCHRONY BANK MTOT DEP	4524	\$5,957.00
06/07/2023	TAB Bank/Sunbit SUNBIT0605 21788	2472	\$323.00
06/07/2023	BKCD PROCESSING DEPOSIT	0212	\$2,455.00
06/08/2023	BKCD PROCESSING DEPOSIT	0212	\$425.00
06/08/2023	TAB Bank/Sunbit SUNBI		\$1,870.00





Please examine your account statement promptly and report any inaccuracy as soon as possible. The Uniform Commercial Code requires you to promptly notify us of any unauthorized signature or alteration on your checks.

DIRECT DEPOSITS

If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you can call us at 800-321-DIME (3463) to find out whether or not the deposit has been made. You may also review your account activity online or via mobile banking.

FOR CONSUMER ACCOUNTS ONLY IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone or write us at the telephone number or address located on the front of this statement, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- · Tell us your name and account number (if any).
- Describe the error or transfer that you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

FOR CONSUMER ACCOUNTS ONLY NONSUFFICIENT FUNDS (NSF) FEES

If an item drafted by you (such as a check) or a transaction you set up (such as a preauthorized transfer) is presented for payment in an amount that is more than the amount of money available in your account, and we decide not to pay the item or transaction, you agree that we can charge you an NSF fee for returning the payment. Be aware that such an item or payment may be presented multiple times (representment) and we do not control the number of times a transaction is presented for payment. We will attempt to not charge you, or alternatively reimburse such fees where we can determine the item or payment is a representment. If you locate a representment NSF fee that has not been reimbursed, please contact your branch at the number on your statement to obtain a refund.

LOAN ACCOUNT SUMMARY OF RIGHTS

This is a summary of your rights, a full statement of your rights and responsibilities under the federal Fair Credit Billing Act will be sent to you upon request or in response to a billing error notice.

BILLING RIGHTS SUMMARY - HOME EQUITY PLANS In Case of Errors or Questions About Your Bill

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address shown on your bill as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

BILLING RIGHTS SUMMARY – ALL OPEN-END CREDIT PLANS OTHER THAN HOME EQUITY PLANS

What To Do If You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at:

Dime Community Bank
898 Veterans Memorial Highway, Suite 560
Hauppauge, New York 11788

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we
 may continue to charge you interest on that amount. But, if we
 determine that we made a mistake, you will not have to pay the
 amount in question or any interest or other fees related to that
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

PAYMENT INFORMATION

We figure the finance charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new purchases, advances and/or fees, and subtract any unpaid interest or other finance charges and any payments or credits. This gives us the daily balance



Statement Ending 06/30/2023

SAMEH H AKNOUK DENTAL Account Number: XXXXXX8553

age 3 of 12

Debtor In Possession-XXXXXXX8553 (continued)

Date	Credits (continued) Description	Amoun
06/09/2023	SYNCHRONY BANK MTOT DEP 534812028504524	\$405.4
06/09/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$3,333.0
06/12/2023	SYNCHRONY BANK MTOT DEP 534812028504524	\$1,276.5
06/12/2023	TAB Bank/Sunbit SUNBIT0608 21788	\$1,365.1
06/12/2023	SYNCHRONY BANK MTOT DEP 534812028504524	\$2,042.4
06/12/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$5,594.1
06/14/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$3,106.0
06/14/2023	TAB Bank/Sunbit SUNBIT0612 21788	\$6,633.4
06/15/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$1,200.0
06/16/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$950.0
06/20/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$590.0
06/20/2023	SYNCHRONY BANK MTOT DEP 534812028504524	\$2,973.3
06/21/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$5,788.0
06/22/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$775.0
06/22/2023	TAB Bank/Sunbit SUNBIT0620 21788	\$2,252.5
06/23/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$1,575.0
06/23/2023	TAB Bank/Sunbit SUNBIT0621 21788	\$2,380.0
06/23/2023	SYNCHRONY BANK MTOT DEP 534812028504524	\$2,723.2
06/23/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$5,384.5
06/26/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$210.0
06/26/2023	SYNCHRONY BANK MTOT DEP 534812028504524	\$638.2
06/26/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$1,465.0
06/28/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$4,712.9
06/29/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$450.0
06/30/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$775.0
00/30/2023	BROD PROCESSING DEPOSIT 140727001110212	\$175.0
Other Cred		
Date	Description	Amoun
06/14/2023	XX3985 PURCHASE RETURN NYCDOT PARKNYC LONG ISLAND C NY 09860586 224033	\$0.7
06/15/2023	1778 17677 Barriera A. Barrier	\$20.0
06/15/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966	\$20.0
	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966	\$20.00
Other Debi	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ts	
Other Debi	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ts Description	Amour
Other Debi Date 06/01/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ts Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558	Amour \$5.0
Other Debit Date 06/01/2023 06/01/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ts Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293	Amour \$5.0 \$5.0
Other Debit Date 06/01/2023 06/01/2023 06/01/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ts Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653	Amour \$5.0 \$5.0 \$265.3
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/01/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ts Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212	Amour \$5.0 \$5.0 \$265.3 \$771.3
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/01/2023 06/02/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ts Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 8888007645 SC 01351376 923455	Amour \$5.0 \$5.0 \$265.3 \$771.3 \$397.5
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/02/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ts Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 8888007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186	Amour \$5.0 \$5.0 \$265.3 \$771.3 \$397.5 \$59.7
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/02/2023 06/05/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ES Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 8888007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841	Amour \$5.0 \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/02/2023 06/05/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ts Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 8888007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186	Amour \$5.0 \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$7.0
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/02/2023 06/05/2023 06/07/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ES Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 8888007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841	Amour \$5.0 \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$7.0
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/02/2023 06/05/2023 06/07/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ts Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 8888007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70958777 985140	Amour \$5.0 \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$7.0 \$14.0
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/02/2023 06/05/2023 06/07/2023 06/07/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ts Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 888-8007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70958777 985140 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70976522 015422	Amour \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$7.0 \$14.0
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/02/2023 06/05/2023 06/07/2023 06/07/2023 06/07/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ES Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 8888007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70958777 985140 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70976522 015422 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK US 61381740 112750	Amour \$5.0 \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$71.8 \$71.8
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/02/2023 06/05/2023 06/07/2023 06/07/2023 06/08/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ES Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 8888007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70958777 985140 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70976522 015422 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK US 61381740 112750 XX3985 POS PURCHASE PRKNG&CAMERATIX NEW YORK US 09701872 844644 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98302799 171206	Amour \$5.0 \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$7.0 \$14.0 \$71.8 \$3.8 \$18.0
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/02/2023 06/07/2023 06/07/2023 06/07/2023 06/08/2023 06/08/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ES Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 8888007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70958777 985140 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70976522 015422 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK US 61381740 112750 XX3985 POS PURCHASE PRKNG&CAMERATIX NEW YORK US 09701872 844644	Amour \$5.0 \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$71.0 \$14.0 \$71.8 \$3.8 \$18.0 \$166.1
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/02/2023 06/07/2023 06/07/2023 06/07/2023 06/08/2023 06/08/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ES Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 8888007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70958777 985140 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70976522 015422 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK US 61381740 112750 XX3985 POS PURCHASE PRKNG&CAMERATIX NEW YORK US 09701872 844644 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98301908 776761 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98301908 776761 XX3985 POS PURCHASE DOF PARKINGANDCA NEW YORK US 09701872 744318	Amour \$5.0 \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$7.0 \$14.0 \$71.8 \$3.8 \$18.0 \$166.1 \$190.0
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/07/2023 06/07/2023 06/07/2023 06/08/2023 06/08/2023 06/08/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 IS Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 8888007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70958777 985140 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70976522 015422 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK US 61381740 112750 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98302799 171206 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98301908 776761 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98301908 776761 XX3985 POS PURCHASE DOF PARKINGANDCA NEW YORK US 09701872 744318 Transfer to CK 8555	Amour \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$71.8 \$3.8 \$18.0 \$166.1 \$190.0
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/02/2023 06/07/2023 06/07/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 IS Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 888-8007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70958777 985140 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70976522 015422 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK US 61381740 112750 XX3985 POS PURCHASE PRKNG&CAMERATIX NEW YORK US 09701872 844644 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98301908 776761 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98301908 776761 XX3985 POS PURCHASE DOF PARKINGANDCA NEW YORK US 09701872 744318 Transfer to CK 8555 XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 90777593 792858	Amour \$5.0 \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$7.0 \$14.0 \$71.8 \$3.8 \$18.0 \$166.1 \$190.0 \$15,000.0
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/02/2023 06/07/2023 06/07/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 IS Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 8888007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70958777 985140 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70976522 015422 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK US 61381740 112750 XX3985 POS PURCHASE PRKNG&CAMERATIX NEW YORK US 09701872 844644 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98301908 776761 XX3985 POS PURCHASE DOF PARKINGANDCA NEW YORK US 09701872 744318 Transfer to CK 8555 XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 90777593 792858 XX3985 POS PURCHASE COLLECTION BUREA 18883062045 CA 19046324 230291	\$5.0 \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$7.0 \$14.0 \$71.8 \$3.8 \$18.0 \$166.1 \$190.0 \$10.9 \$236.8
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/05/2023 06/07/2023 06/07/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/12/2023 06/12/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 IS Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 888–8007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70958777 985140 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70976522 015422 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK US 61381740 112750 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98302799 171206 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98301908 776761 XX3985 POS PURCHASE DOF PARKINGANDCA NEW YORK US 09701872 744318 Transfer to CK 8555 XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 90777593 792858 XX3985 POS PURCHASE COLLECTION BUREA 18883062045 CA 19046324 230291 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463	Amour \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$7.0 \$14.0 \$71.8 \$3.8 \$18.0 \$166.1 \$190.0 \$10.9 \$236.8 \$59.4
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/02/2023 06/07/2023 06/07/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/12/2023 06/12/2023 06/14/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 IS Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 888-8007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70958777 985140 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70976522 015422 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK US 61381740 112750 XX3985 POS PURCHASE PRKNG&CAMERATIX NEW YORK US 09701872 844644 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98302799 171206 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98301908 776761 XX3985 POS PURCHASE DOF PARKINGANDCA NEW YORK US 09701872 744318 Transfer to CK 8555 XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 90777593 792858 XX3985 POS PURCHASE COLLECTION BUREA 18883062045 CA 19046324 230291 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE HENRY SCHEIN TEC 800-734-5561 UT 09648102 997156	Amoun \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$71.8 \$3.8 \$18.0 \$166.1 \$190.0 \$15,000.0 \$10.9 \$236.8 \$59.4
Other Debit Date 06/01/2023 06/01/2023 06/01/2023 06/02/2023 06/05/2023 06/07/2023 06/07/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/08/2023 06/12/2023 06/14/2023 06/14/2023 06/14/2023 06/16/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 ES Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 888-8007645 SC 01351376 923455 INTUIT * QBOOks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70958777 985140 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70976522 015422 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70976522 015422 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK US 61381740 112750 XX3985 POS PURCHASE PRKNG&CAMERATIX NEW YORK US 09701872 844644 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98302799 171206 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98301908 776761 XX3985 POS PURCHASE DOF PARKINGANDCA NEW YORK US 09701872 744318 Transfer to CK 8555 XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 90777593 792858 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE HENRY SCHEIN TEC 800-734-5561 UT 09648102 997156 XX3985 POS PURCHASE HENRY SCHEIN TEC 800-734-5561 UT 09648102 997156	Amour \$5.0 \$265.3 \$771.3 \$397.5 \$59.7 \$465.0 \$7.0 \$14.0 \$71.8 \$3.8 \$18.0 \$166.1 \$190.0 \$10.9 \$236.8 \$59.4 \$2,201.1
O6/15/2023 Other Debit Date O6/01/2023 O6/01/2023 O6/01/2023 O6/02/2023 O6/02/2023 O6/05/2023 O6/07/2023 O6/07/2023 O6/08/2023 O6/08/2023 O6/08/2023 O6/08/2023 O6/08/2023 O6/08/2023 O6/08/2023 O6/08/2023 O6/08/2023 O6/12/2023 O6/14/2023 O6/14/2023 O6/14/2023 O6/16/2023 O6/16/2023 O6/16/2023	XX3985 PURCHASE RETURN BERKSHIRE HATHAW WILKES BARRE PA 98803979 065966 IS Description XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74017221 274558 XX3985 POS PURCHASE NYCDOT PARKING M LONG ISLAND C NY 74213689 393293 XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 81949156 252653 BKCD PROCESSING FEES 146727001110212 XX3985 POS PURCHASE SMILEMAKERS INC 888-8007645 SC 01351376 923455 INTUIT * QBooks Onl 5159186 E-ZPASS REBILL EZP REBILL 5708841 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70958777 985140 XX3985 POS PURCHASE MTA* LIRR STATION JAMAICA US 70976522 015422 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK US 61381740 112750 XX3985 POS PURCHASE PRKNG&CAMERATIX NEW YORK US 09701872 844644 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98302799 171206 XX3985 POS PURCHASE BERKSHIRE HATHAW WILKES BARRE US 98301908 776761 XX3985 POS PURCHASE DOF PARKINGANDCA NEW YORK US 09701872 744318 Transfer to CK 8555 XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 90777593 792858 XX3985 POS PURCHASE COLLECTION BUREA 18883062045 CA 19046324 230291 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 17956404 554463 XX3985 POS PURCHASE HENRY SCHEIN TEC 800-734-5561 UT 09648102 997156	\$20.00 \$5.00 \$5.00 \$265.33 \$771.33 \$397.55 \$59.74 \$465.00 \$7.00 \$14.00 \$11.80 \$166.10 \$190.00 \$10.90 \$236.80 \$2,201.11 \$31.44 \$643.00 \$10,000.00

Debtor In Possession-XXXXXX8553 (continued)

	s (continued)	
Date	Description	Amount
06/20/2023	XX3985 POS PURCHASE DOHMH LIC/PRM SE NEW YORK NY 09728465 126915	\$2.00
06/20/2023	XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 56043652 033321	\$10.95
06/20/2023	XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 54072729 127837	\$10.95
06/20/2023	XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 60104136 477630	\$10.95
06/20/2023	XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 54923657 787045	\$10.95
06/20/2023	XX3985 POS PURCHASE NYC DOHMH LIC/PR LONG ISLAND C NY 09728465 501083	\$100.00
06/20/2023	XX3985 POS PURCHASE KERR CORPORATION ORANGE CA 43545941 846175	\$1,111.64
06/20/2023	E-ZPASS REBILL EZP REBILL 9746115	\$465.00
06/21/2023	XX3985 POS PURCHASE SHELL OIL 124274 LITTLE NECK NY 27236147 223115	\$67.64
06/22/2023	XX3985 POS PURCHASE KERR CORPORATION ORANGE CA 27588861 578511	\$785.46
06/23/2023	XX3985 POS PURCHASE EPRESCRIBE RALEIGH NC 39856976 459511	\$49.00
06/23/2023	XX3985 POS PURCHASE HENRY SCHEIN TEC 800-734-5561 UT 83340609 008774	\$166.95
06/26/2023	XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 30482571 244253	\$10.95
06/26/2023	XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 26150174 806231	\$10.95
06/26/2023	XX3985 POS PURCHASE NYCDOT PARKNYC LONG ISLAND C NY 25188381 861715	\$10.95
06/26/2023	XX3985 POS PURCHASE KERR CORPORATION ORANGE CA 43567272 668112	\$202.58
06/26/2023	BKCD PROCESSING DEPOSIT 146727001110212	\$335.00
06/27/2023	BMWFINANCIAL SVS BMWFS PYMT XXXXX1452	\$1,190.94
06/28/2023	SBA EIDL LOAN 3321507900	\$731.00
06/30/2023	XX3985 POS PURCHASE STATE FARM INSU BLOOMINGTON IL 80140950 867303	\$609.96
06/30/2023	SERVICE CHARGE	\$100 . 00

Checks Cleared

	Check Nbr	Date	Amount	Check Nbr	Date	Amount
	1084	06/02/2023	\$1,000,00	1106	06/16/2023	\$800,00
	1088*	06/08/2023	\$364.00	1107	06/16/2023	\$364.00
	1090*	06/01/2023	\$2,100.00	1108	06/15/2023	\$364.00
	1091	06/01/2023	\$400.00	1109	06/15/2023	\$2,100.00
	1092	06/01/2023	\$1,000.00	1110	06/15/2023	\$936.00
	1093	06/05/2023	\$240.00	1111	06/15/2023	\$684.00
	1094	06/01/2023	\$361.00	1112	06/16/2023	\$100.00
	1095	06/01/2023	\$285.00	1113	06/22/2023	\$5,531.15
	1096	06/01/2023	\$936.00	1114	06/26/2023	\$1,190.94
	1097	06/12/2023	\$600.00	1115	06/26/2023	\$750.00
	1098	06/12/2023	\$2,100.00	1116	06/23/2023	\$364.00
	1099	06/08/2023	\$600.00	1117	06/22/2023	\$2,100.00
	1100	06/08/2023	\$304.00	1118	06/21/2023	\$425.00
	1101	06/13/2023	\$4,900.00	1119	06/22/2023	\$1,092.00
	1102	06/14/2023	\$750.00	1120	06/21/2023	\$589.00
	1103	06/12/2023	\$10,000.00	1121	06/27/2023	\$400.00
	1104	06/13/2023	\$7,198.00	1123*	06/29/2023	\$456.00
	1105	06/13/2023	\$2,993.95	1124	06/30/2023	\$525.00
* 100	iaataa akinnaal aha	ale mumahan				

^{*} Indicates skipped check number

Daily Balances

Date	Amount	Date	Amount	Date	Amount
06/01/2023	\$87,802.49	06/13/2023	\$82,570.37	06/22/2023	\$91,595.93
06/02/2023	\$93,057.75	06/14/2023	\$89,299.97	06/23/2023	\$103,078.77
06/05/2023	\$98,309.75	06/15/2023	\$86,435.97	06/26/2023	\$102,880.65
06/07/2023	\$100,994.90	06/16/2023	\$85,447.48	06/27/2023	\$101,289.71
06/08/2023	\$86,643 <u>.</u> 91	06/17/2023	\$75,447.48	06/28/2023	\$105,271.66
06/09/2023	\$90,382.36	06/20/2023	\$87,549.98	06/29/2023	\$105,265.66
06/12/2023	\$97,662 <u>.</u> 32	06/21/2023	\$92,256.34	06/30/2023	\$104,805.70



Debtor In Possession-XXXXXX8553 (continued)

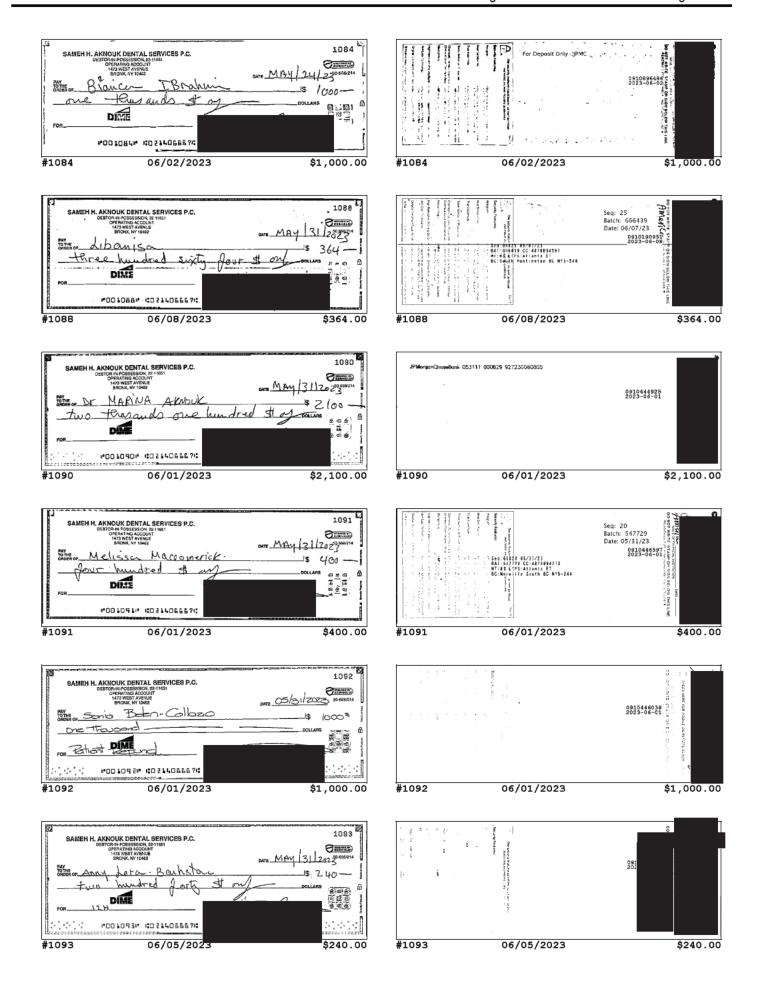
Statement Ending 06/30/2023

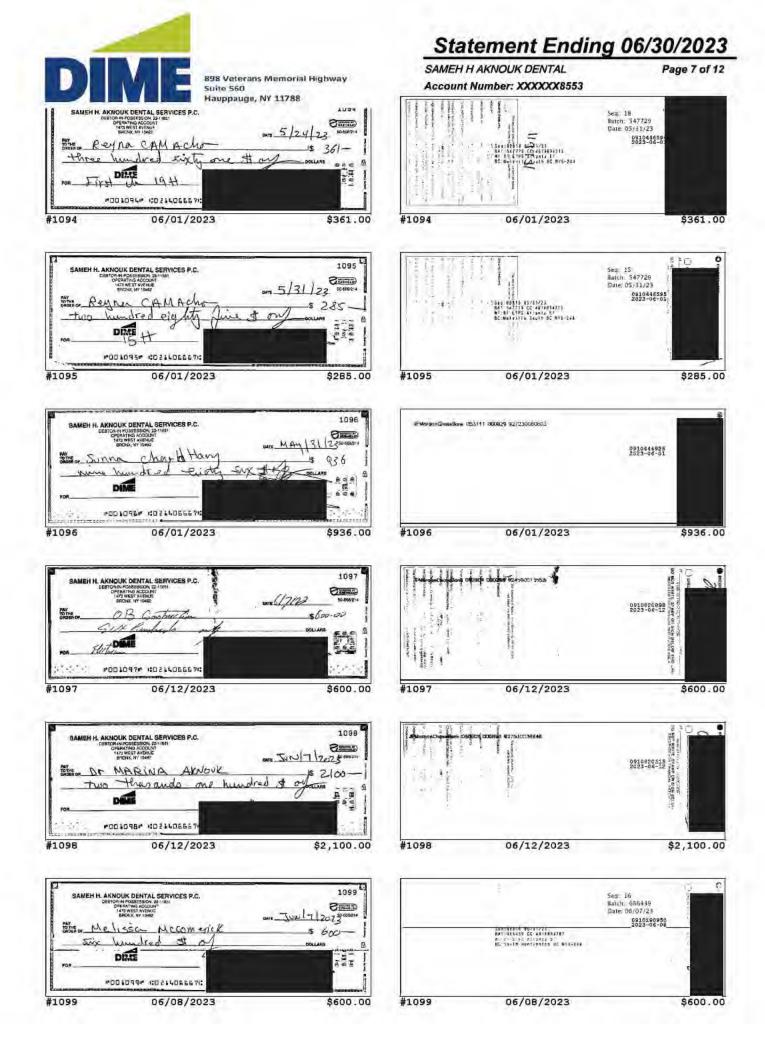
SAMEH H AKNOUK DENTAL
Account Number: XXXXXX8553

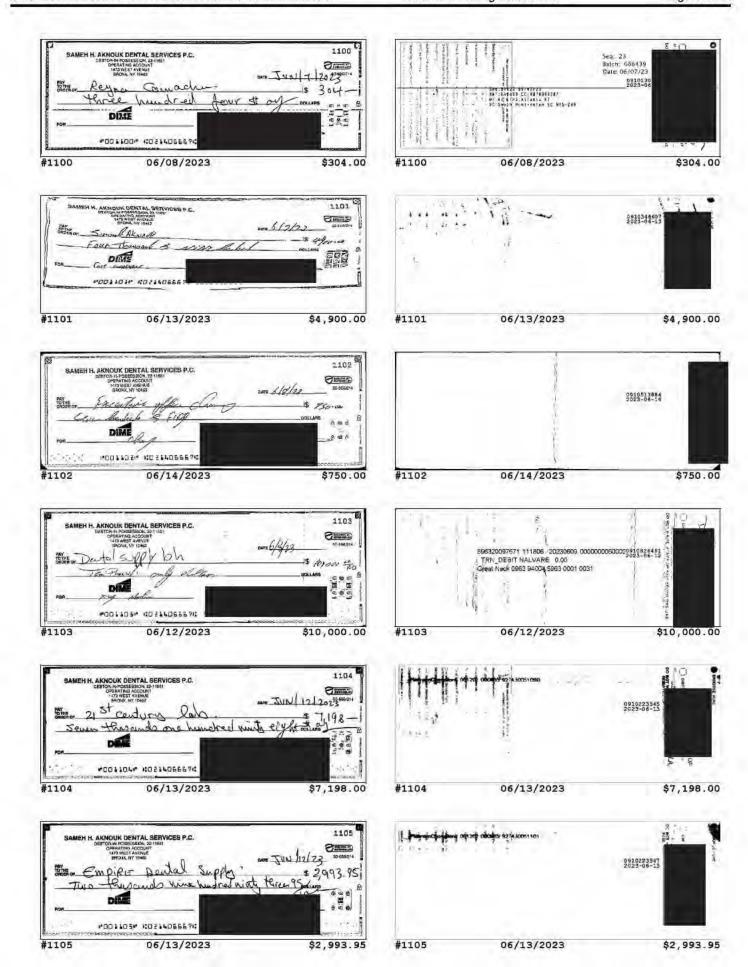
age 5 of 12

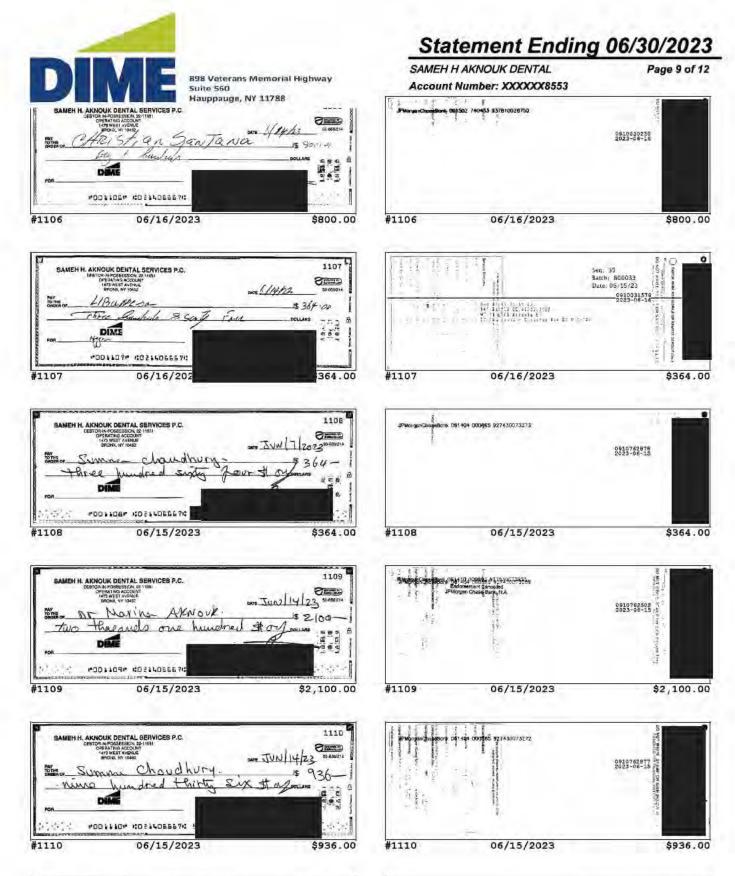
Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



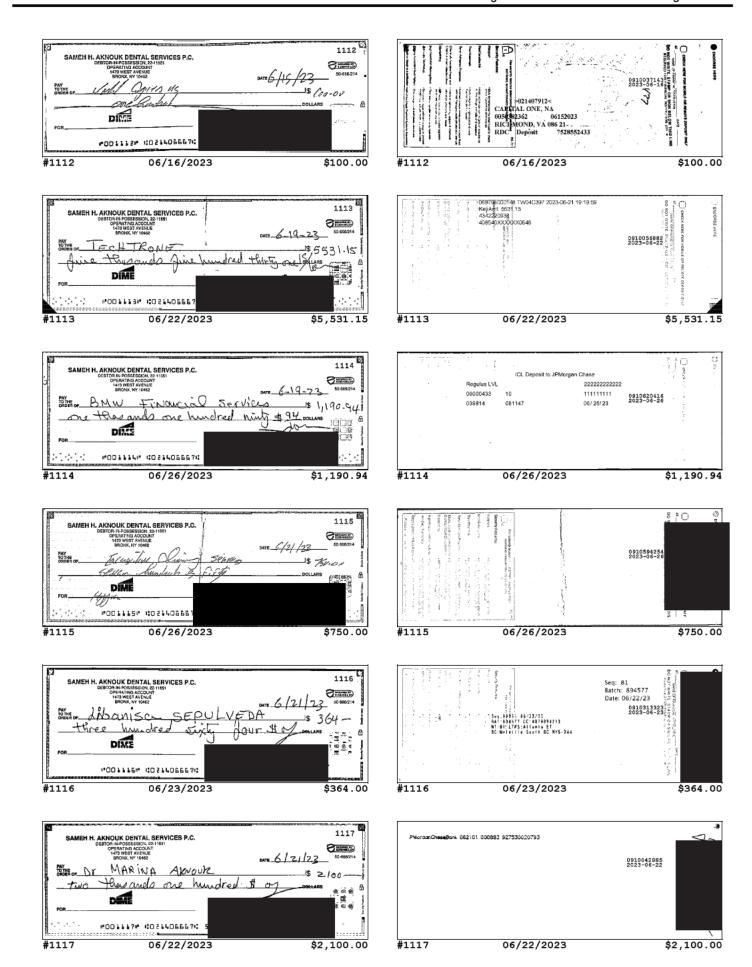


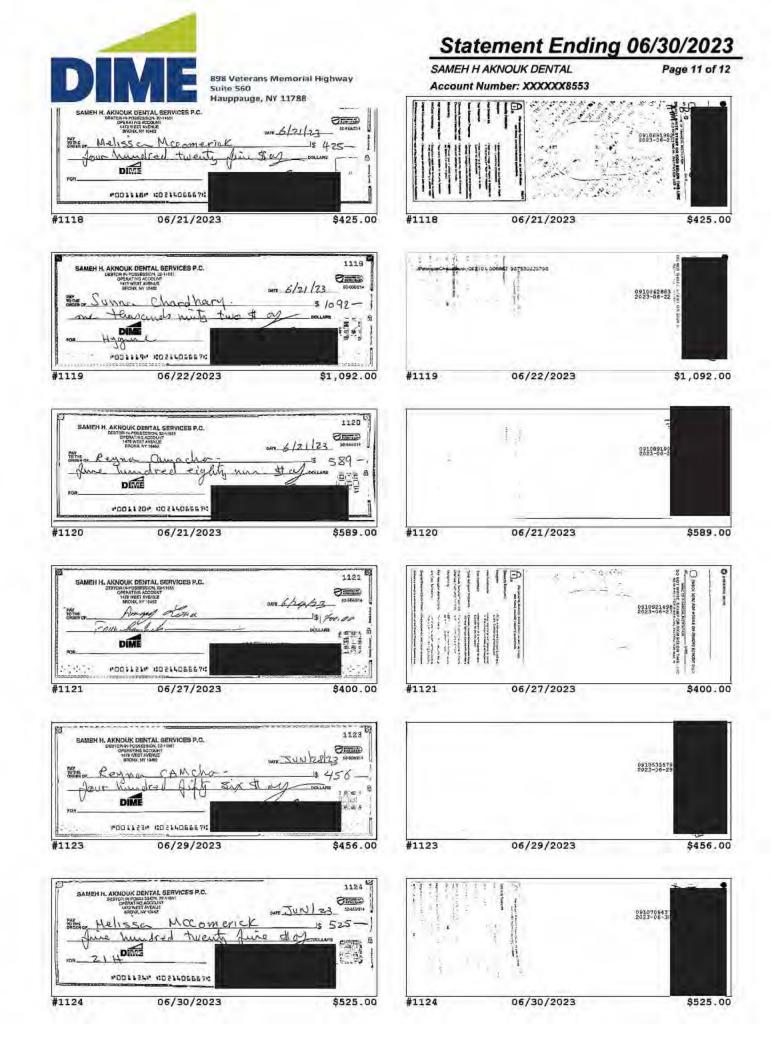












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JPMorgan Chase Bank, N.A. P O Box 182051 Columbus, OH 43218 - 2051

00023201 DRE 802 219 18723 NNNNNNNNNN 1 000000000 D2 0000 SAMEH H. AKNOUK, DENTAL SERVICES, P.C. 853 BROADWAY NEW YORK NY 10003-4703



CUSTOMER SERVICE INFORMATION

 Web site:
 www.Chase.com

 Service Center:
 1-877-425-8100

 Para Espanol:
 1-888-622-4273

 International Calls:
 1-713-262-1679

We accept operator relay calls



You now have more time to let us know about certain check errors on your account

In June we increased the timeframe for when you can make a claim for checks drawn on your account that have either been altered or that you did not authorize. You now have up to 60 days from when we make a statement available to make a claim on these items in order to be considered for reimbursement.

We've updated the **Safeguarding Your Information** section in our Deposit Account Agreement to reflect this change as well as provide additional information about our check claims process.

If you'd like a copy of the Deposit Account Agreement, please visit chase.com/business/disclosures, visit a branch or call us at the number on this statement. We also accept operator relay calls.

CHECKING SUMMARY

Chase Performance Business Checking

Beginning Balance	INSTANCES	AMOUNT \$27,739.12
Deposits and Additions	16	6,326.49
ATM & Debit Card Withdrawals	2	-425.74
Electronic Withdrawals	6	-9,024.52
Fees	1	-30.00
Ending Balance	25	\$24,585.35

DEPOSITS AND ADDITIONS

DATE 06/01	DESCRIPTION Orig CO Name:Healthplex Ipa Orig ID:6113554436 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000085854673 Eed:230601 Ind ID: Ind Name:Sameh Aknouk Trn: 1525854673Tc	**************************************
06/02	Orig CO Name:Dentcare Orig ID:2112480692 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000083782812 Eed:230602 Ind ID: Ind Name:Sameh Aknouk Trn: 1533782812Tc	3,076.25
06/02	Reversal -Online Payment 743 To L&M Window Cleaning, Inc.	37.02
06/05	Orig CO Name:Healthplex Ipa Orig ID:6113554436 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000084748671 Eed:230605 Ind ID: Ind Name:Sameh Aknouk Trn: 1564748671Tc	60.20
06/05	Orig CO Name:Healthplex Ipa Orig ID:7113554436 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000084748707 Eed:230605 Ind ID: Ind Name:Sameh Aknouk Trn: 1564748707Tc	18.25



June 01, 2023 through June 30, 2023
Account Number:

DEP	OSITS AND ADDITIONS (continued)	
DATE	DESCRIPTION	AMOUNT
06/09	Orig CO Name:Dentcare Orig ID:7112480692 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000088314245 Eed:230609 Ind ID: Ind Name:Sameh Aknouk Trn: 1608314245Tc	400.00
06/09	Orig CO Name:Healthplex Ipa Orig ID:7113554436 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000088314229 Eed:230609 Ind ID: Ind Name:Sameh Aknouk Trn: 1608314229Tc	18.25
06/12	Orig CO Name:Healthplex Ipa Orig ID:3113554436 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000082904686 Eed:230612 Ind ID: Ind Name:Sameh Aknouk Trn: 1632904686Tc	1,175.83
06/12	Orig CO Name:Healthplex lpa Orig ID:6113554436 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000081237490 Eed:230612 Ind ID: Ind Name:Sameh Aknouk Trn: 1631237490Tc	80.87
06/13	Orig CO Name:Dentcare Orig ID:7112480692 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000082391988 Eed:230613 Ind ID: Ind Name:Sameh Aknouk Trn: 1642391988Tc	324.00
06/14	Orig CO Name:Healthplex Ipa Orig ID:6113554436 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000089306629 Eed:230614 Ind ID: Ind Name:Sameh Aknouk Trn: 1659306629Tc	11.48
06/16	Orig CO Name:Dentcare Orig ID:7112480692 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000087958824 Eed:230616 Ind ID: Ind Name:Sameh Aknouk Trn: 1677958824Tc	131.80
06/20	Orig CO Name:Dentcare Orig ID:7112480692 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000082045173 Eed:230620 Ind ID: Ind Name:Sameh Aknouk Trn: 1712045173Tc	17.00
06/23	Orig CO Name:Dentcare Orig ID:7112480692 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000085912271 Eed:230623 Ind ID: Ind Name:Sameh Aknouk Trn: 1745912271Tc	500.00
06/26	Orig CO Name:Healthplex lpa Orig ID:6113554436 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000080368677 Eed:230626 Ind ID: Ind Name:Sameh Aknouk Trn: 1770368677Tc	146.10
06/27	Orig CO Name:Dentcare Orig ID:7112480692 Desc Date: CO Entry Descr:Debit Sec:CCD Trace#:028000088543603 Eed:230627 Ind ID: Ind Name:Sameh Aknouk Trn: 1788543603Tc	257.00
Total De	eposits and Additions	\$6,326.49
ATM	& DEBIT CARD WITHDRAWALS	
DATE	DESCRIPTION	AMOUNT
06/01	Card Purchase 06/01 Indeed Jobs 512-4595300 TX Card 2415	\$17.46
06/26	Card Purchase 06/25 Indeed Jobs 512-4595300 TX Card 2415	408.28
Total A	TM & Debit Card Withdrawals	\$425.74
ATM	I & DEBIT CARD SUMMARY	
Sameh	Aknouk Dds Card 2415	
	Total ATM Withdrawals & Debits	\$0.00
	Total Card Purchases	\$425.74
ATM & I	Total Card Deposits & Credits Debit Card Totals	\$0.00
	Total ATM Withdrawals & Debits	\$0.00
	Total Card Purchases	\$425.74
	Total Card Deposits & Credits	\$0.00



June 01, 2023 through June 30, 2023

Account Number: 9262

ELECTRONIC WITHDRAWALS

Descr:Fees Sec:CCD Trace#:021001039151081 Eed:230601 Ind ID:002001000176071 Ind Name:Sameh H Aknouk Dds PC Tm: 1529151081Tc O6/01 O6/01 Online Payment O6/01	DATE	DESCRIPTION		AMOUNT
Descr:Fees Sec:CCD Trace#:021001039151081 Eed:230601 Ind ID:002001000176071 Ind Name:Sameh H Aknouk Dds PC Tm: 1529151081Tc 06/01 06/01 Online Payment 743 To L&M Window Cleaning, Inc. 37.0 06/01 Online Payment 743 To L&M Window Cleaning, Inc. 37.0	06/01	Orig CO Name: Bkcd Pr	ocessing Orig ID:9000477845 Desc Date:230531 CO Entry	\$124.20
06/01 06/01 Online Payment 743 To L&M Window Cleaning, Inc. 37.0 06/01 06/01 Online Payment 743 To L&M Window Cleaning, Inc. 37.0			D Trace#:021001039151081 Eed:230601 Ind ID:002001000176071	
06/01 06/01 Online Payment 743 To L&M Window Cleaning, Inc. 37.0		Ind Name:Sameh H Akı	<u>nouk Dds</u> PC Tm: 1529151081Tc	
, ,	06/01	06/01 Online Payment	743 To L&M Window Cleaning, Inc.	37.02
06/12 06/11 Online Payment 779 To Olshan Properties 8.588.5	06/01	06/01 Online Payment	743 To L&M Window Cleaning, Inc.	37.02
7, 5 1 5 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	06/12	06/11 Online Payment	779 To Olshan Properties	8,588.52
06/23 Online Payment 908 To City Waste Services of New York 200.7	06/23	06/23 Online Payment	908 To City Waste Services of New York	200.74
06/29 Online Payment 853 To L&M Window Cleaning, Inc. 37.0	06/29	06/29 Online Payment	853 To L&M Window Cleaning, Inc.	37.02

Total Electronic Withdrawals

\$9,024.52

FEES

DATE	DESCRIPTION	AMOUNT
06/05	Service Charges For The Month of May	\$30.00
Total F	ees	\$30.00

You were charged a monthly service fee of \$30.00 this period. You can avoid this fee in the future by maintaining a relationship balance (combined business deposits) of \$35,000.00. Your relationship balance was \$26,816.00.

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
06/01	\$27,595.86	06/13	24,168.01	06/23	24,627.55
06/02	30,709.13	06/14	24,179.49	06/26	24,365.37
06/05	30,757.58	06/16	24,311.29	06/27	24,622.37
06/09	31,175.83	06/20	24,328.29	06/29	24,585.35
06/12	23,844.01				

SERVICE CHARGE SUMMARY

Chase Performance Business Checking Accounts Included: 0000000000713896103

Maintenance Fee	\$30.00
Excess Product Fees	\$0.00
Other Service Charges	\$0.00

Total Service Charges \$30.00 Will be assessed on 7/6/23

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS
Checks Paid / Debits	6
Deposits / Credits	15
Deposited Items	0
Total Transactions	21





OFFICE OLIABOE BETAIL

June 01, 2023 through June 30, 2023 Account Number:

SERVICE CHARGE DETAIL					
DESCRIPTION Your Product Includes:	VOLUME	ALLOWED	CHARGED	PRICE/ UNIT	TOTAL
ACCOUNT 000000512269262					
Monthly Service Fee	1			\$30.00	\$30.00
Transactions	21	0	21	\$0.00	\$0.00
Subtotal					\$30.00
Other Fees					
Electronic Credits	15	999,999,999	0	\$0.40	\$0.00
Non-Electronic Transactions	6	250	0	\$0.40	\$0.00
Total Service Charge (Will be assessed on 7/6/23)					\$30.00
ACCOUNT 000000512269262					
Monthly Service Fee	1				
Electronic Credits	15				
Non-Electronic Transactions	3				
ACCOUNT 000000713896103					
Non-Electronic Transactions	3				

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number; A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, see your deposit account agreement or other applicable agreements that govern your account for details.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your deposit account agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC